



MMWRTM

Morbidity and Mortality Weekly Report

Weekly

May 19, 2006 / Vol. 55 / No. 19

National Stroke Awareness Month — May 2006

May is National Stroke Awareness Month. During 2006, an estimated 700,000 persons in the United States will have a stroke; of these, approximately 158,000 (22.5%) will die from stroke (1). Of the approximately 5 million U.S. stroke survivors, 15%–30% are permanently disabled (1).

Preventing and controlling stroke risk factors (e.g., high blood pressure and cholesterol, atrial fibrillation, physical inactivity, tobacco use, and diabetes) are the most important steps in reducing a person's risk for having a stroke. Recognizing the warning signs of stroke and immediately calling for emergency medical care are the critical first steps in reducing the risk for death and disability among persons who are having a stroke. The warning signs of stroke are 1) sudden numbness or weakness of the face, arm, or leg, especially on one side of the body; 2) sudden confusion or trouble speaking or understanding; 3) sudden trouble seeing in one or both eyes; 4) sudden trouble walking, dizziness, or loss of balance or coordination; and 5) sudden, severe headache with no known cause.

CDC supports programs in 32 states and the District of Columbia that emphasize multiple strategies for targeting stroke and its risk factors in various settings and for ensuring that patients receive quality care. CDC also supports stroke-care registries in several states designed to monitor and enhance the quality of care for stroke patients. Additional information about state programs and the national stroke registry is available at <http://www.cdc.gov/cvh>. Information about stroke prevention and care is available at <http://www.strokeassociation.org>, <http://www.stroke.org>, and <http://www.ninds.nih.gov>.

Reference

1. American Heart Association. Heart disease and stroke statistics—2006 update. Dallas, TX: American Heart Association; 2006. Available at <http://www.americanheart.org>.

Place of Death After Stroke — United States, 1999–2002

Stroke is the third leading cause of death in the United States (1). Successful acute stroke intervention depends on early recognition of symptoms, prompt emergency transport, and rapid in-hospital treatment. However, approximately half of stroke decedents die before admission to the hospital (2). During 1990–1998, the proportion of stroke deaths that occurred in hospitals declined, and the proportion occurring before transport to hospitals increased (3). This report summarizes trends in the place of death among all stroke decedents, the proportion of stroke deaths occurring before emergency assistance arrives, and characteristics associated with place of death. Among 162,672 persons who died of stroke in 2002, 49.2% died pre-transport, 0.4% were dead on arrival (DOA), 3.3% died in emergency departments (EDs), and 47.0% died after admission to a hospital. Early patient and bystander recognition of stroke symptoms and timely action in calling for emergency assistance might reduce the number and proportion of stroke deaths. In addition, improving timely arrival of emergency care and appropriate treatment of stroke patients can reduce the proportion of pre-transport deaths and serious sequelae that lead to severe disabilities.

National mortality statistics in this report were based on death-certificate information from all 50 states and the District of Columbia (DC) that was reported to CDC. Demographic data (e.g., race/ethnicity, sex, and age) and place of death on death certificates were provided by funeral directors or family members. The death certificate item on where death

INSIDE

- 532 Physical Dating Violence Among High School Students — United States, 2003
- 535 Notices to Readers
- 537 QuickStats

The *MMWR* series of publications is published by the Coordinating Center for Health Information and Service, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services, Atlanta, GA 30333.

SUGGESTED CITATION

Centers for Disease Control and Prevention. [Article title]. *MMWR* 2006;55:[inclusive page numbers].

Centers for Disease Control and Prevention

Julie L. Gerberding, MD, MPH
Director

Dixie E. Snider, MD, MPH
Chief Science Officer

Tanja Popovic, MD, PhD
Associate Director for Science

Coordinating Center for Health Information and Service

Steven L. Solomon, MD
Director

National Center for Health Marketing

Jay M. Bernhardt, PhD, MPH
Director

Division of Scientific Communications

Judith R. Aguilar
(Acting) Director

Mary Lou Lindegren, MD
Editor, MMWR Series

Suzanne M. Hewitt, MPA
Managing Editor, MMWR Series

Douglas W. Weatherwax
(Acting) Lead Technical Writer-Editor

David C. Johnson
Jude C. Rutledge
Writers-Editors

Lynda G. Cupell
Malbea A. LaPete
Visual Information Specialists

Quang M. Doan, MBA
Erica R. Shaver
Information Technology Specialists

Notifiable Disease Morbidity and 122 Cities Mortality Data

Patsy A. Hall
Deborah A. Adams
Lenee Blanton
Rosaline Dhara
Pearl C. Sharp

was pronounced was used as a proxy source of information for place of death. Stroke-related deaths were defined as those for which the underlying cause reported on the death certificate by a physician, medical examiner, or coroner was classified according to *International Classification of Diseases, Tenth Revision* (ICD-10) codes I60–I69. These include hemorrhagic (I60–I62), cerebral infarction (I63), unspecified (I64), occlusion and stenosis (I65–I66), other cerebrovascular deaths (I67–I68), and deaths with cerebrovascular sequelae (I69). Place of death was defined as pre-transport death (death pronounced in a nursing home or at home or other place), post-transport death (death pronounced in the ED or hospital), DOA, or unknown. The distribution of place of death among stroke decedents in the United States was assessed during 1999–2002 and the percentage change was assessed from 1999 to 2002.

In 2002, a total of 162,672 deaths from stroke occurred among U.S. residents, with an age-adjusted death rate of 56.2 per 100,000 population. Of these stroke-related deaths, 49.2% occurred pre-transport (35.4% in a nursing home and 13.8% in the decedent's home or other place), 0.4% were DOA, 50.3% occurred post-transport (3.3% in EDs and 47.0% after admission to a hospital), and information was unknown for <0.1%. The proportion of pre-transport deaths among stroke decedents in 2002 increased among successive age groups, particularly for deaths occurring in nursing homes (Table). For example, the proportion of deaths that occurred pre-transport was 14.4% among stroke decedents aged <45 years (11.8% at home or other place and 2.6% in nursing homes), compared with 65.2% among those aged ≥85 years (15.3% at home or other place and 49.9% in nursing homes). The proportion of pre-transport deaths was higher among females than males, among whites than other races, and among non-Hispanics than Hispanics. However, the proportion of stroke-related deaths that occurred in EDs was higher for blacks than other racial groups and higher for Hispanics than non-Hispanics. Asians/Pacific Islanders had the highest proportion of post-transport stroke deaths that occurred in a hospital compared with all racial groups.

The highest proportion of pre-transport stroke deaths was observed among persons who died of sequelae of cerebrovascular diseases (72.1%) or other cerebrovascular conditions (69.5%), followed by unspecified stroke (54.5%), cerebral infarction (53.2%), and hemorrhagic stroke (14.2%). Those who died of a hemorrhagic stroke had the highest proportion of deaths in EDs (5.9%) and hospitals (79.6%) (Table).

The U.S. age-adjusted stroke death rate steadily decreased from 61.6 per 100,000 population in 1999 to 56.2 per 100,000 population in 2002. However, minimal change was observed in the distribution of place of death and characteris-

TABLE. Number of stroke deaths and percentage of place of death among stroke decedents, by transportation status and selected characteristics — United States, 2002

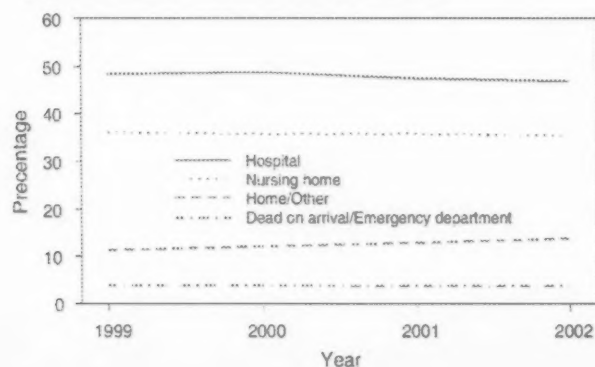
Characteristic	No. stroke deaths	% Pre-transport			% Post-transport	
		Home or other place	Nursing home	Dead on arrival	ED†	Hospital
Sex						
Male	62,622	13.4	28.8	0.4	3.7	53.8
Female	100,050	14.1	39.6	0.4	3.1	42.8
Age group (yrs)						
0-44	3,424	11.8	2.6	1.3	9.3	75.1
45-54	6,055	10.5	5.4	0.8	6.4	77.0
55-64	9,897	10.6	10.6	0.6	5.4	72.8
65-74	21,992	11.8	20.7	0.4	4.4	62.8
75-84	54,889	13.8	33.8	0.3	3.3	48.8
≥85	66,412	15.3	49.9	0.3	2.1	32.4
Race/Ethnicity						
White	139,719	14.2	37.5	0.3	2.9	45.0
Black	18,856	11.3	23.1	0.8	6.0	59.0
Asian/Pacific Islander	3,530	12.4	20.4	0.5	4.7	61.9
American Indian/Alaska Native	567	13.1	25.4	0.2	2.7	58.7
Hispanic	6,451	13.4	18.4	0.3	4.8	62.6
Non-Hispanic	155,852	13.8	36.2	0.4	3.3	46.4
Stroke subtype (ICD-10 code*)						
Hemorrhagic (I60-I62)	33,168	6.2	7.8	0.4	5.9	79.6
Cerebral infarction (I63)	12,335	13.4	39.8	0.3	1.8	44.6
Unspecified stroke (I64)	86,879	15.0	39.5	0.4	2.8	42.3
Other cerebrovascular (I67-I68)	10,261	17.0	52.5	0.5	2.8	27.1
Sequelae of cerebrovascular (I69)	20,029	19.7	52.4	0.4	2.6	25.2
Total	162,672	13.8	35.4	0.4	3.3	47.0

*International Classification of Diseases, Tenth Revision.

†Emergency department.

tics associated with place of death among stroke decedents from 1999 to 2002 (Figure). The place of death did not change from 1999 to 2002 for groups defined by age, sex, or race/ethnicity. The relative increase from 1999 to 2002 in the proportion of stroke decedents dying pre-transport was 3.4% for all strokes, 8.5% for hemorrhagic strokes, 7.1% for other cere-

FIGURE. Percentage of place of death among stroke decedents, by place of death — United States, 1999-2002



brovascular deaths, 4.9% for cerebral infarctions, 4.3% for cerebrovascular sequelae, and 3.4% for unspecified strokes.

Reported by: C Harris, MPH, C Ayala, PhD, JB Croft, PhD, Div for Heart Disease and Stroke Prevention, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: The findings in this report indicate that overall national trends and characteristics associated with place of death among stroke decedents did not change from 1999 to 2002. In 2002, approximately half of all stroke deaths occurred pre-transport. A substantial proportion of pre-transport stroke deaths occurred in nursing homes rather than at home or another place, and a greater proportion of post-transport deaths occurred after hospital admission rather than in EDs. Pre-transport stroke deaths increased with successive age groups and occurred more frequently among females than males, whites than other racial groups, non-Hispanics than Hispanics, and those who died with sequelae of cerebrovascular diseases than other stroke subtypes. These proportions and characteristics of pre-transport stroke deaths remain consistent with previously published data, which indicated that 49.5% of all stroke deaths in 1998 occurred in hospitals, 46.1% occurred pre-transport, and 0.6% of persons were DOA (3). However, the results from this report and the 1998 report are not directly comparable because of changes in ICD coding from the ninth to the tenth revisions.

Sex differences noted in pre-transport stroke deaths could be attributed in part to differences in emergency response time. One study indicated that during a stroke, women might have a longer delay time in reaching the hospital than men (4). Although delayed emergency response might partially explain the disparity between males and females, the findings in this report indicate that approximately 40% of stroke deaths in females occurred in a nursing home. In 1999, women accounted for approximately 70% of the nursing home population (5); in addition, women aged ≥80 years or any hospital patients admitted from a nursing home are more likely to have do-not-resuscitate orders than men aged ≥80 years, younger women, or hospital patients admitted from home (6). Blacks, compared with Hispanic and non-Hispanic whites, might be more likely to use emergency medical services (EMS) for transport to the hospital, thus reaching the hospital earlier (4) and supporting

Sex differences noted in pre-transport stroke deaths could be attributed in part to differences in emergency response time. One study indicated that during a stroke, women might have a longer delay time in reaching the hospital than men (4). Although delayed emergency response might partially explain the disparity between males and females, the findings in this report indicate that approximately 40% of stroke deaths in females occurred in a nursing home. In 1999, women accounted for approximately 70% of the nursing home population (5); in addition, women aged ≥80 years or any hospital patients admitted from a nursing home are more likely to have do-not-resuscitate orders than men aged ≥80 years, younger women, or hospital patients admitted from home (6). Blacks, compared with Hispanic and non-Hispanic whites, might be more likely to use emergency medical services (EMS) for transport to the hospital, thus reaching the hospital earlier (4) and supporting

the finding that a smaller proportion of blacks die pre-transport than whites. In addition, one study observed that blacks and Hispanics also might be less likely to have do-not-resuscitate orders than whites, regardless of age (6).

Two state program priorities for CDC's National Heart Disease and Stroke Prevention Program are to increase public awareness of signs and symptoms of a stroke and to improve emergency response for stroke. State efforts might have increased the capacity of EMS response to acute stroke. For example, Texas has adopted the Emergency Health Care Act, which mandates creation of a stroke committee, a statewide stroke emergency transport plan, and stroke facility criteria with the intent to construct an emergency treatment system in Texas so that stroke victims can be identified quickly and transported to appropriate stroke treatment facilities (7).

The finding in this report indicate that hemorrhagic stroke patients were less likely to die before reaching the hospital, which supports previous findings that hemorrhagic stroke patients use EMS services more frequently (8) and are seen earlier by the neurologist than other stroke subtype patients (4). Persons dying of cerebrovascular sequelae, followed by other cerebrovascular conditions and unspecified stroke deaths, had the highest proportion of pre-transport deaths, which could indicate that they had comorbidities or do-not-resuscitate requests and might have been less likely to seek further medical attention or use EMS services (9). Further investigation is needed to clarify the impact that do-not-resuscitate requests in homes, nursing homes, and end-state disease care settings have on the high proportion of pre-transport stroke deaths.

The findings in this report are subject to at least two limitations. First, death-certificate data are subject to error in the certification of the underlying cause of death (1). Second, death-certificate place of death data are based on where the decedent is pronounced dead and not necessarily where the decedent died. Therefore, the difference in reported place of death and actual place of death could result in either overestimates or underestimates in the proportion of stroke deaths that occurred in a specified location. However, the quality of place of death data has been investigated, with results indicating the consistency for reporting deaths in a hospital is 88.3% and is 92.9% for reporting deaths in either nursing homes or personal-care homes (10). Because approximately 80% of deaths in this report were classified as occurring in hospitals or nursing homes, bias likely did not affect the results of this analysis (10).

The substantial proportion of pre-transport stroke deaths in the United States continues to illustrate the need for early recognition of stroke signs and symptoms followed by expeditious transport of stroke victims to hospitals, preferably

hospitals recognized as stroke centers and treatment facilities. Policies and stroke emergency transport plans should be in place for all EMS systems in every state. Such plans should mandate stroke as an emergency event and should have protocols for identifying, transporting, and treating stroke patients to reduce the proportion of pre-transport stroke deaths.

References

1. Kochanek KD, Murphy SL, Anderson RN, Scott C. Deaths: final data for 2002. *Natl Vital Stat Rep* 2004;53:1-115.
2. CDC. State-specific mortality from stroke and distribution of place of death—United States, 1999. *MMWR* 2002;51:429-33.
3. Ayala C, Croft JB, Keenan NL, et al. Increasing trends in pre-transport stroke deaths—United States, 1990–1998. *Ethn Dis* 2003;13 (Suppl 2):S2-131–S2-137.
4. Menon SC, Pandey DK, Morgenstern LB. Critical factors determining access to acute stroke care. *Neurology* 1998;51:427–32.
5. Jones A. The National Nursing Home Survey: 1999 summary. *Vital Health Stat* 2002;152:1–16.
6. Zingmond DS, Wenger NS. Regional and institutional variation in the initiation of early do-not-resuscitate orders. *Arch Intern Med* 2005;165:1705–12.
7. Emergency Health Care Act of 2005. Texas state bill 330, 79(R) (June 17, 2005).
8. Schroeder EB, Rosamond WD, Morris DL, Evenson KR, Hinn AR. Determinants of use of emergency medical services in a population with stroke symptoms. *Stroke* 2000;31:2591–6.
9. Chang K, Tseng M, Tan T. Prehospital delay after acute stroke in Kaohsiung, Taiwan. *Stroke* 2004;35:700–4.
10. Poe GS, Powell-Griner E, McLaughlin JK, et al. Comparability of the death certificate and the 1986 National Mortality Followback Survey. *Vital Health Stat* 1993;118.

Physical Dating Violence Among High School Students — United States, 2003

Dating violence is defined as physical, sexual, or psychological violence within a dating relationship. In a study of dating violence victimization among students in grades 7–12 during 1994–1995, the 18-month prevalence of victimization from physical and psychological dating violence was estimated at 12% and 20%, respectively (1). In addition to the risk for injury and death, victims of dating violence are more likely to engage in risky sexual behavior, unhealthy dieting behaviors, substance use, and suicidal ideation/attempts (2–4). Dating violence victimization can be a precursor for intimate partner violence (IPV) victimization in adulthood, most notably among women (5). Among adult women in the United States, an estimated 5.3 million IPV incidents occur each year, resulting in approximately 2 million injuries and 1,300 deaths (6). By using data from the 2003 Youth Risk Behavior Survey (YRBS), CDC analyzed the prevalence of physical dating violence (PDV) victimization among high school students and

its association with five risk behaviors. The results indicated that 8.9% of students (8.9% of males and 8.8% of females) reported PDV victimization during the 12 months preceding the survey and that students reporting PDV victimization were more likely to engage in four of the five risk behaviors (i.e., sexual intercourse, attempted suicide, episodic heavy drinking, and physical fighting). Primary prevention programs are needed to educate high school students about healthy dating relationship behaviors, and secondary prevention programs should address risk behaviors associated with dating violence victimization.

YRBS, a component of the Youth Risk Behavior Surveillance System, measures the prevalence of health risk behaviors among high school students through biennial national, state, and local surveys. The 2003 national survey obtained cross-sectional data representative of public- and private-school students in grades 9–12 in the 50 states and the District of Columbia. The overall response rate was 67%. Data from 15,214 students in 158 schools were available for analysis; 14,956 (98.3%) students answered the dating violence question. Students completed an anonymous, self-administered questionnaire that included a question about dating violence victimization. A more detailed description of these methods appears elsewhere (7).

PDV victimization was defined as a response of "yes" to a single question: "During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?" Students were not asked whether they had had a boyfriend or girlfriend during the 12 months preceding the survey; therefore, a response of "no" might have included students who had not been dating. The following self-reported risk behaviors also were assessed: currently sexually active (had sexual intercourse with at least one person during the 3 months preceding the survey), attempted suicide (actually attempted suicide at least one time during the 12 months preceding the survey), current cigarette use (smoked cigarettes on ≥ 1 of the 30 days preceding the survey), episodic heavy drinking (had five or more alcoholic drinks in a row on ≥ 1 of the 30 days preceding the survey), and physical fighting (was in a physical fight at least one time during the 12 months preceding the survey). Specific risk behaviors were selected to represent risks that are of public health concern among high school students.

Data were weighted to produce national estimates. All calculations were performed using

statistical software to account for the complex sampling design. Differences in prevalence among persons with certain characteristics were determined statistically significant if the 95% confidence intervals did not overlap. Adjusted odds ratios were calculated to examine the association between PDV victimization and the five risk behaviors using a multivariable logistic regression model that included, as predictors, the five risk behaviors and sex, grade level, race/ethnicity, and self-reported grades. In this report, data are presented for black, white, and Hispanic students*; the numbers of students from other racial/ethnic populations were too small for meaningful analysis.

Among all 14,956 students, 8.9% reported experiencing PDV victimization. The prevalence of PDV victimization was similar for males (8.9%) and females (8.8%) and similar by grade level (range: 8.1%–10.1%) (Table 1). Prevalence of reported PDV victimization was greater among blacks (13.9%) than whites (7.0%) and Hispanics (9.3%). In addition, prevalence of PDV victimization was greater among black males (13.7%) than white males (6.6%) and higher among black females (14.0%) than white females (7.5%) and Hispanic

* In this report, students categorized as black or white were non-Hispanic. Students categorized as Hispanic might be of any race.

TABLE 1. Prevalence of physical dating violence victimization* among high school students, by sex and selected characteristics — United States, 2003

Characteristic	Total		Male		Female	
	%	(95% CI) [†]	%	(95% CI)	%	(95% CI)
Overall	8.9	(7.9–9.9)	8.9	(7.7–10.2)	8.8	(7.9–9.8)
Grade level						
9	8.1	(7.0–9.5)	7.8	(6.3–9.5)	8.6	(6.7–10.8)
10	8.8	(7.0–10.9)	9.3	(7.3–11.8)	8.2	(6.4–10.3)
11	8.1	(6.9–9.6)	7.9	(6.5–9.6)	8.2	(6.7–10.1)
12	10.1	(8.5–12.0)	10.1	(7.8–13.0)	10.2	(8.4–12.4)
Race/Ethnicity						
White, non-Hispanic	7.0	(6.2–7.9)	6.6	(5.8–7.5)	7.5	(6.2–9.0)
Black, non-Hispanic	13.9	(12.3–15.5)	13.7	(11.8–16.0)	14.0	(11.8–16.5)
Hispanic	9.3	(7.6–11.3)	9.2	(6.7–12.6)	9.2	(7.7–11.1)
Geographic region[§]						
Northeast	10.6	(8.4–13.2)	10.8	(8.7–13.3)	10.4	(7.8–13.7)
Midwest	7.5	(5.8–9.7)	8.3	(6.2–10.9)	6.5	(4.9–8.5)
South	9.6	(8.3–11.1)	9.3	(7.6–11.4)	9.9	(8.6–11.5)
West	6.9	(5.2–9.1)	6.1	(3.7–10.0)	7.8	(6.3–9.5)
Self-reported grades						
Mostly A's	6.1	(5.0–7.4)	6.6	(4.9–8.9)	5.7	(4.6–7.1)
Mostly B's	7.7	(6.8–8.7)	7.4	(6.3–8.7)	8.0	(6.7–9.6)
Mostly C's	11.2	(9.8–12.8)	10.4	(8.8–12.3)	12.3	(10.3–14.8)
Mostly D's or F's	13.7	(11.1–16.7)	13.0	(10.1–16.7)	14.9	(10.7–20.4)

* Defined as a response of "yes" to a single question: "During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?"

[†] Confidence interval.

[§] **Northeast:** Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont. **Midwest:** Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. **South:** Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. **West:** Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

females (9.2%). PDV victimization prevalence did not vary significantly by geographic region. Lower self-reported grades in school were associated with higher levels of PDV victimization; 6.1% of students reporting mostly A's reported PDV victimization compared with 13.7% of students receiving mostly D's or F's.

Prevalences of the five risk behaviors among all participants were as follows: currently sexually active, 34.3%; attempted suicide, 8.5%; current cigarette use, 21.9%; episodic heavy drinking, 28.3%; and physical fighting, 33.0%. After controlling for sex, grade level, race/ethnicity, self-reported grades, and the five risk behaviors examined, four of the five risk behaviors were significantly associated with PDV victimization (Table 2). The only risk behavior not significantly associated with PDV victimization in the multivariable model was current cigarette use. When male and female students were analyzed separately, three of the five risk behaviors (currently sexually active, attempted suicide, and physical fighting) were significantly associated with PDV victimization in the multivariable model.

Reported by: MC Black, PhD, R Noonan, PhD, M Legg, MS, Div of Violence Prevention, National Center for Injury Prevention; D Eaton, PhD, Div of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion; MJ Breiding, PhD, EIS Officer, CDC.

Editorial Note: The findings in this report suggest that PDV victimization affects a substantial number of high school students, with approximately one in 11 reporting PDV victimization during the 12 months preceding the survey, a ratio equating to nearly 1.5 million high school students nation-

wide. Prevalence of PDV victimization was similar and associated with risk behaviors for both male and female high school students, and no significant increases in PDV victimization were observed by grade level.

These results underscore the need for prevention programs directed at both PDV and associated risk behaviors. Choose Respect, a new CDC national initiative, is being launched this month in 10 U.S. cities. This initiative focuses on persons aged 11–14 years and encourages development of healthy relationship behaviors. Choose Respect uses traditional materials (e.g., posters or classroom videos) and nontraditional multimedia (e.g., podcasts or web-based games) to appeal to this age group.

The findings in this report are subject to at least five limitations. First, the extent of underreporting or overreporting of risk behaviors cannot be determined, although the survey questions demonstrate good test-retest reliability (8). Second, questions about sexual violence or psychological abuse by a dating partner were not included. Prevalence estimates of dating violence that include sexual and psychological violence likely would be substantially larger and indicate greater levels of sexual victimization among females (3). Third, these data apply only to high school students who were attending school during the survey and, therefore, are not representative of all persons in this age group. In 2001, approximately 5% of persons aged 16–17 years in the United States were not enrolled in a high school program and had not completed high school (9). Fourth, participants were not asked whether they had had a boyfriend or girlfriend during the preceding 12 months; therefore, those reporting no PDV victimization might have

included students who had not been dating. Eliminating those who did not date would have increased the prevalence of PDV victimization among those who were dating. Finally, because the survey is cross-sectional in nature, whether the risk behaviors were precursors or consequences of PDV victimization could not be determined.

Medical and mental health-care providers and others consulted by teens (e.g., school counselors) should be aware of the prevalence of dating violence and the potential for associated risk behaviors among teens who report dating violence. Appropriate intervention (e.g., referral for counseling) to reduce the likelihood of further victimization is more likely if providers ask about dating violence when speaking with teens. The findings in this report and the resulting recommendations are consistent with recommendations by others that dating violence in-

TABLE 2. Association* between physical dating violence victimization† and reported risk behaviors among high school students, by sex—United States, 2003

Risk behavior‡	Total	Male	Female
	AOR¶ (95% CI**)	AOR (95% CI)	AOR (95% CI)
Currently sexually active	2.6 (2.1–3.3)	3.3 (2.3–4.7)	2.0 (1.5–2.8)
Attempted suicide	3.3 (2.4–4.7)	3.8 (2.3–6.5)	3.1 (2.3–4.2)
Current cigarette use	1.1 (0.8–1.5)	1.1 (0.7–1.8)	1.1 (0.8–1.6)
Episodic heavy drinking	1.3 (1.1–1.6)	1.2 (0.8–1.8)	1.4 (1.0–2.0)
Physical fighting	1.7 (1.4–2.1)	1.7 (1.2–2.3)	1.8 (1.2–2.6)

* Models include all risk behaviors and control variables (i.e., sex, grade level, race/ethnicity, and self-reported grades).

† Defined as a response of "yes" to a single question: "During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?"

‡ **Currently sexually active:** 34.3% of all students reported having sexual intercourse with at least one person during the 3 months preceding the survey. **Attempted suicide:** 8.5% reported actually attempting suicide at least one time during the 12 months preceding the survey. **Current cigarette use:** 21.9% reporting smoking cigarettes on ≥1 of the 30 days preceding the survey. **Episodic heavy drinking:** 28.3% reported having five or more alcoholic drinks in a row on ≥1 of the 30 days preceding the survey. **Physical fighting:** 33.0% reported being in a physical fight at least one time during the 12 months preceding the survey.

¶ Adjusted odds ratio.

** Confidence interval.

intervention and prevention can benefit from addressing dating violence in the context of other risk behaviors (4).

References

1. Halpern CT, Oslak SG, Young ML, Martin SL, Kupper LL. Partner violence among adolescents in opposite-sex romantic relationships: findings from the National Longitudinal Study of Adolescent Health. *Am J Public Health* 2001;91:1679-85.
2. Ackard DM, Neumark-Sztainer D. Date violence and date rape among adolescents: associations with disordered eating behaviors and psychological health. *Child Abuse Negl* 2002;26:455-73.
3. Coker AL, McKeown RE, Sanderson M, Davis KE, Valois RF, Huebner S. Severe dating violence and quality of life among South Carolina high school students. *Am J Prev Med* 2000;19:220-7.
4. Silverman JG, Raj A, Mucci LA, Hathaway JE. Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *JAMA* 2001;286:572-9.
5. Smith PH, White JW, Holland LJ. A longitudinal perspective on dating violence among adolescent and college-age women. *Am J Public Health* 2003;93:1104-9.
6. CDC. Costs of intimate partner violence against women in the United States. Atlanta, GA: US Department of Health and Human Services, CDC; 2003. Available at http://www.cdc.gov/ncipc/pub-res/ipv_cost/IPVBook-Final-Feb18.pdf.
7. Grunbaum JA, Kann L, Kinchen S, et al. Youth risk behavior surveillance—United States, 2003. In: *Surveillance Summaries*, May 21, 2004. *MMWR* 2004;53(No. SS-2).
8. Brener ND, Kann L, McManus T, Kinchen SA, Sundberg EC, Ross JG. Reliability of the 1999 Youth Risk Behavior Survey questionnaire. *J Adolesc Health* 2002;31:336-42.
9. Kaufman P, Alt MN, Chapman C. Dropout rates in the United States: 2001. Washington, DC: US Department of Education, National Center for Education Statistics; 2004. Publication no. NCES 2005-046. Available at <http://nces.ed.gov/pubs2005/2005046.pdf>.

Notice to Readers

Choose Respect National Initiative

During May 2006, CDC is launching Choose Respect, a national initiative designed to prevent dating violence and encourage persons aged 11–14 years to have healthy, respectful relationships. Findings from the 2003 Youth Risk Behavior Survey indicated that approximately one in 11 high school students reported being victims of physical dating violence during the 12 months preceding the survey, equating to nearly 1.5 million high school students nationwide (1). Those victimized by a dating partner were more likely to engage in episodic heavy drinking, suicide attempts, physical fighting, and current sexual activity (1).

Dating violence in adolescents also has been linked to life-long patterns of violence that carry over into other relationships (2). Healthy relationship skills can have a beneficial effect on the ability of adolescents to prevent dating violence (2).

Choose Respect encourages the early development of healthy attitudes, behaviors, and skills (e.g., negotiation or compromise) to help youth interact positively and treat others with respect. The initiative tools are designed to complement other

community prevention strategies to change social norms and encourage healthy relationships. Additional information is available at <http://www.chooserespect.org>.

Throughout summer 2006, CDC will work with community agencies in 10 cities to create awareness of the initiative's themes and resources among youths aged 11–14 years. In each city, activities and materials, including online games, videos, posters, and public service announcements, will be used to increase awareness of the importance of respecting friends and peers and to teach skills that help form healthy relationships.

References

1. CDC. Physical dating violence among high school students—United States, 2003. *MMWR* 2006;55:532-5.
2. Wekerle C, Wolfe DA. Dating violence in mid-adolescence: theory, significance, and emerging prevention initiatives. *Clin Psychol Rev* 1999;19:435-56.

Notice to Readers

Estimating Potential Impact of an Influenza Pandemic Using 1968- and 1918-Type Scenarios

CDC has written instructions to enable state and local officials to estimate the potential impact for both 1968-type and 1918-type influenza pandemics. The instructions (available at <http://www.cdc.gov/flu/pandemic/impactestimate.htm>) describe how to use FluAid 2.0 and FluSurge 2.0 software to estimate the number of deaths, hospitalizations, and outpatient visits and the increased demand for hospital-based resources (e.g., hospital beds, intensive-care-unit beds, or ventilators) for both scenarios. The instructions and software can be used to estimate the potential impact for a locale of almost any size (e.g., country, state, county, city, or town).

Notice to Readers

Buckle Up America Week — May 22–29, 2006

During 2004, motor-vehicle crashes resulted in 37,142 deaths to vehicle occupants, and approximately 3 million occupants were treated for injuries in emergency departments in the United States (1,2). Safety belts are the single most effective means of preventing death and serious injury during a crash, 45% effective in preventing death in passenger cars and 60% effective in preventing death in light trucks (3). Buckle Up America Week, May 22–29, 2006, is a national campaign, coordinated by the National Highway Traffic Safety Administration, to increase the proper use of safety belts and child safety seats. As part of the campaign, law enforcement agencies across the nation will participate in a Click It or Ticket

mobilization by conducting intensive, high-visibility enforcement of safety belt and child safety seat laws.

During 2002, approximately 81% of adults in the United States reported that they always used safety belts (4). However, safety-belt use varied by state/territory, ranging from 52% to 93% (4). Evidence from systematic reviews has demonstrated the effectiveness of interventions to increase safety-belt use (5). CDC and the U.S. Task Force on Community Preventive Services strongly recommend implementing safety-belt laws, primary safety-belt laws (i.e., laws that allow police to stop and ticket a motorist solely for being unbelted), and conducting enhanced enforcement of these laws to increase safety-belt use (5,6). Additional information regarding Buckle Up America Week activities is available at <http://www.buckleupamerica.org>.

References

1. National Highway Traffic Safety Administration. Fatality Analysis Reporting System (FARS) web-based encyclopedia. Washington, DC: National Highway Traffic Safety Administration. Available at <http://www.fars.nhtsa.dot.gov>.
2. CDC. WISQARS™ nonfatal injury reports. Atlanta, GA: US Department of Health and Human Services, CDC. Available at <http://webappa.cdc.gov/sasweb/ncipc/nfirates2001.html>.
3. Kahane CJ. Fatality reduction by safety belts for front-seat occupants of cars and light trucks: updated and expanded estimates based on 1986–99 FARS data. Washington, DC: US Department of Transportation; 2000 (publication no. DOT-HS-809-199).
4. CDC. Impact of primary laws on adult use of safety belts—United States, 2002. *MMWR* 2004;53:257–60.
5. US Task Force on Community Preventive Services. Motor vehicle occupant injury [Chapter 8]. In: Zaza S, Briss P, Harris K, eds. The guide to community preventive services: what works to promote health? New York, NY: Oxford University Press; 2005.
6. CDC. Motor-vehicle occupant injury: strategies for increasing use of child safety seats, increasing use of safety belts, and reducing alcohol-impaired driving. A report on recommendations of the Task Force on Community Preventive Services. *MMWR* 2001;50(No. RR-7).

Notice to Readers

Recreational Water Illness Prevention Week — May 22–29, 2006

The second annual National Recreational Water Illness Prevention Week will be held May 22–29, 2006, at the start of the yearly swimming season, to raise awareness about the potential for spreading infectious diseases at swimming venues and to improve prevention efforts. An estimated 8.1 million swimming pools are in residential or public use in the United States (1). Each year, U.S. residents make an estimated 360 million visits to recreational water venues (e.g., swimming pools, spas, lakes, and oceans), making swimming the second-most popular physical activity (walking is first) in the country and the most popular among children (2). However, recreational water use also can be associated with drowning, injury, and the spread of infectious diseases.

Recreational water illnesses (RWIs) are spread by swallowing, breathing, or having contact with contaminated water from swimming pools, spas, lakes, rivers, or oceans (3). The most commonly reported RWI is diarrhea caused by pathogens such as *Cryptosporidium*, *Giardia*, *Shigella*, and *Escherichia coli* O157:H7. Children, pregnant women, and persons with compromised immune systems are at greatest risk for infection with these pathogens. Infection with *Cryptosporidium* can be life threatening in persons with weakened immune systems (4). Other RWIs can cause various symptoms, including skin, ear, eye, respiratory, and neurologic infections.

During 1984–2002, a steady increase in reported diarrheal RWI outbreaks in the United States resulted in approximately 19,000 illnesses (5). This increase is probably the result of a combination of increased water usage, improved outbreak detection, and increased disease transmission. The spread of RWIs is facilitated by the emergence of chlorine-resistant pathogens such as *Cryptosporidium* (5), poor pool maintenance (6), and low public awareness of the problem (7). Recommendations for public swimming pools include improved operation, training, and public education to protect swimmers from infectious disease transmission.

Public health agencies and officials are encouraged to become involved in Recreational Water Illness Prevention Week by engaging the public, local aquatic operators, and the media in prevention efforts. Suggestions on how to promote healthy swimming are available at <http://www.cdc.gov/healthyswimming/tools.htm>. Additional information for public health professionals, aquatics staff members, and the general public is available at <http://www.cdc.gov/healthyswimming> and http://www.cdc.gov/healthyswimming/rwi_prevention_week.htm.

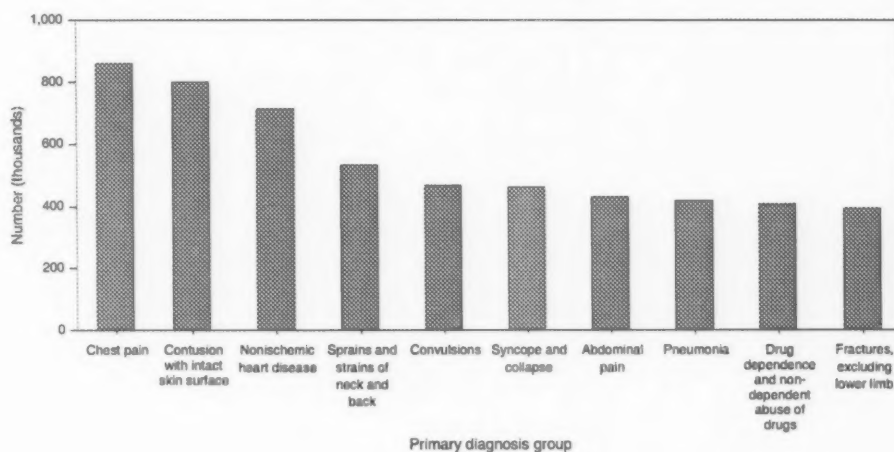
References

1. Anonymous. United States swimming pool market, 2005. Pool and spa marketing reference directory. Markham, Canada: Hubbard Marketing & Publishing Limited; March 2005:19–21.
2. US Bureau of the Census. Statistical abstract of the United States: 1995. 115th ed. Washington, DC: US Bureau of the Census; 1995.
3. Castor ML, Beach MJ. Reducing illness transmission from disinfected recreational water venues: swimming, diarrhea, and the emergence of a new public health concern. *Pediatr Infect Dis J* 2004;23:866–70.
4. Chen XM, Keithly JS, Paya CV, LaRusso NF. *Cryptosporidiosis*. *N Engl J Med* 2002;346:1723–31.
5. Yoder J, Blackburn B, Levy DA, Craun GF, Calderon RL, Beach MJ. Surveillance for waterborne-disease outbreaks associated with recreational water—United States, 2001–2002. In: Surveillance Summaries, October 22, 2004. *MMWR* 2004;53(No. SS-8).
6. CDC. Surveillance data from swimming pool inspections: selected states and counties—United States, May–September 2002. *MMWR* 2003;52:513–6.
7. McClain J, Bernhardt JM, Beach MJ. Assessing parents' perception of children's risk for recreational water illnesses. *Emerg Infect Dis* 2005;11:670–6.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Most Common Diagnoses in Patients Transported by Ambulance to Emergency Departments, by Primary Diagnosis Group — United States, 2003



During 2003, approximately 16 million ambulance transports were made to emergency departments (30 per minute); 37% of patients transported were admitted to hospitals. Ten primary diagnosis groups accounted for approximately one third of all transports.

SOURCE: Burt CW, McCaig LF, Valverde RH. Analysis of ambulance transports and diversions among U.S. emergency departments. *Ann Emerg Med* 2006;47:317–26.

TABLE 1. Provisional cases of infrequently reported notifiable diseases (<1,000 cases reported during the preceding year) — United States, week ending May 13, 2006 (19th Week)*

Disease	Current week	Cum 2006	5-year weekly average†	Total cases reported for previous years					States reporting cases during current week (No.)
				2005	2004	2003	2002	2001	
Anthrax	—	1	—	—	—	—	2	23	
Botulism:									
foodborne	—	1	0	17	16	20	28	39	
infant	—	25	2	90	87	76	69	97	
other (wound & unspecified)	1	20	0	33	30	33	21	19	CA (1)
Brucellosis	1	30	2	120	114	104	125	136	CA (1)
Chancroid	—	13	1	17	30	54	67	38	
Cholera	—	1	0	6	5	2	2	3	
Cyclosporiasis‡	1	16	17	734	171	75	156	147	FL (1)
Diphtheria	—	—	0	—	—	1	1	2	
Domestic arboviral diseases§:									
California serogroup	—	—	0	78	112	108	164	128	
eastern equine	—	—	—	21	6	14	10	9	
Powassan	—	—	—	1	1	—	1	N	
St. Louis	—	—	0	10	12	41	28	79	
western equine	—	—	—	—	—	—	—	—	
Ehrlichiosis‡:									
human granulocytic	3	19	5	790	537	362	511	261	NY (3)
human monocytic	—	44	3	487	338	321	216	142	
human (other & unspecified)	—	4	1	124	59	44	23	6	
Haemophilus influenzae,**									
invasive disease (age <5 yrs):									
serotype b	—	2	1	10	19	32	34	—	
nonserotype b	—	37	3	131	135	117	144	—	
unknown serotype	1	72	4	216	177	227	153	—	AZ (1)
Hansen disease‡	—	14	2	89	105	95	96	79	
Hantavirus pulmonary syndrome‡	—	8	0	22	24	26	19	8	
Hemolytic uremic syndrome, postdiarrheal‡	1	33	3	215	200	178	216	202	IA (1)
Hepatitis C viral, acute	7	274	32	798	713	1,102	1,835	3,976	NY (1), MI (1), MO (2), MD (1), TX (1), UT (1)
HIV infection, pediatric (age <13 yrs)‡††	—	52	7	380	436	504	420	543	
Influenza-associated pediatric mortality‡,§§,¶¶	3	30	1	49	—	N	N	N	AZ (1), NM (2)
Listeriosis	6	170	11	886	753	696	665	613	IN (1), NC (1), SC (1), TN (1), CA (2)
Measles	5	14***	1	65	37	56	44	116	NY (1), KS (3), AL (1)
Meningococcal disease,††† invasive:									
A, C, Y, & W-135	3	92	5	311	—	—	—	—	NY (2), MT (1)
serogroup B	1	55	3	176	—	—	—	—	FL (1)
other serogroup	—	11	0	28	—	—	—	—	
Mumps	232	2,737	5	309	258	231	270	266	NY (3), PA (10), OH (5), IA (72), MO (8), SD (10), NE (11), KS (95), MD (2), VA (11), FL (1), AZ (2), CA (2)
Plague	—	1	0	7	3	1	2	2	
Polio myelitis, paralytic	—	—	—	1	—	—	—	—	
Psittacosis‡	1	7	0	22	12	12	18	25	MD (1)
Q fever‡	2	39	2	131	70	71	61	26	NY (1), NC (1)
Rabies, human	—	—	—	2	7	2	3	1	
Rubella	—	1	0	11	10	7	18	23	
Rubella, congenital syndrome	—	1	—	1	—	1	1	3	
SARS-CoV‡,§§	—	—	0	—	—	8	N	N	
Smallpox‡	—	—	—	—	—	—	—	—	
Streptococcal toxic-shock syndrome‡	—	47	3	129	132	161	118	77	
Streptococcus pneumoniae,‡									
invasive disease (age <5 yrs)	6	428	17	1,216	1,162	845	513	498	MN (4), MD (2)
Syphilis, congenital (age <1 yr)	1	81	8	359	353	413	412	441	LA (1)
Tetanus	—	7	1	26	34	20	25	37	
Toxic-shock syndrome (other than streptococcal)‡	—	38	2	93	95	133	109	127	
Trichinellosis	—	3	0	20	5	6	14	22	
Tularemia‡	2	11	2	147	134	129	90	129	NY (1), MO (1)
Typhoid fever	3	81	6	317	322	356	321	368	CA (3)
Vancomycin-intermediate Staphylococcus aureus‡	—	1	—	2	—	N	N	N	
Vancomycin-resistant Staphylococcus aureus‡	—	—	0	—	1	N	N	N	
Yellow fever	—	—	—	—	—	—	1	—	

—: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts.

* Incidence data for reporting years 2004, 2005, and 2006 are provisional, whereas data for 2001, 2002, and 2003 are finalized.

† Calculated by summing the incidence counts for the current week, the two weeks preceding the current week, and the two weeks following the current week, for a total of 5 preceding years. Additional information is available at <http://www.cdc.gov/epo/dphsi/phs/files/5yearweeklyaverage.pdf>.

‡ Not notifiable in all states.

§ Includes both neuroinvasive and non-neuroinvasive. Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNET Surveillance).

** Data for *H. influenzae* (all ages, all serotypes) are available in Table II.

†† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention. Implementation of HIV reporting influences the number of cases reported. Data for HIV/AIDS are available in Table IV quarterly.

§§ Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases.

¶¶ Of the 35 cases reported since October 2, 2005 (week 40), only 33 occurred during the current 2005–06 season.

*** Of the five measles cases reported for the current week, five were indigenous and none were imported from another country.

††† Data for meningococcal disease (all serogroups and unknown serogroups) are available in Table II.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending May 13, 2006, and May 14, 2005 (19th Week)*

Reporting area	Chlamydia [†]					Coccidioidomycosis					Cryptosporidiosis				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	10,401	18,710	35,033	333,031	350,701	79	118	1,643	3,183	1,350	24	70	861	817	726
New England	698	644	1,533	11,299	10,155	—	0	0	—	—	—	4	35	49	41
Connecticut	273	171	1,197	2,699	1,827	N	0	0	N	N	—	0	14	8	5
Maine	38	41	74	766	785	N	0	0	N	N	—	0	3	10	6
Massachusetts	295	286	432	5,511	5,223	—	0	0	—	—	—	2	15	21	15
New Hampshire	28	34	64	669	689	—	0	0	—	—	—	1	3	8	5
Rhode Island	64	65	99	1,224	1,257	—	0	0	—	—	—	0	6	—	1
Vermont [‡]	—	19	43	430	374	N	0	0	N	N	—	0	5	2	9
Mid. Atlantic	1,378	2,257	3,697	42,198	42,287	—	0	0	—	—	—	10	598	119	96
New Jersey	59	376	526	6,351	6,730	N	0	0	N	N	—	0	8	3	7
New York (Upstate)	563	498	1,728	8,199	7,651	N	0	0	N	N	—	4	562	34	21
New York City	370	692	1,615	13,890	14,178	N	0	0	N	N	—	2	15	14	26
Pennsylvania	386	705	1,069	13,758	13,728	N	0	0	N	N	—	4	21	68	42
E.N. Central	660	3,164	12,578	58,281	59,615	—	0	3	14	3	7	13	162	159	155
Illinois	—	928	1,536	14,535	18,310	—	0	0	—	—	—	1	16	9	20
Indiana	114	389	553	6,991	7,397	N	0	0	N	N	3	1	13	15	11
Michigan	480	625	9,888	18,106	9,435	—	0	3	9	3	—	2	7	29	22
Ohio	45	798	1,445	11,597	16,940	—	0	1	5	—	4	5	109	75	44
Wisconsin	21	403	531	7,052	7,533	N	0	0	N	N	—	4	38	31	58
W.N. Central	726	1,121	1,449	20,169	21,611	—	0	12	—	3	1	10	51	128	100
Iowa	144	145	225	3,069	2,609	N	0	0	N	N	—	1	11	12	18
Kansas	226	151	269	3,068	2,742	N	0	0	N	N	—	1	5	18	9
Minnesota	1	231	298	3,332	4,626	—	0	12	—	3	—	3	22	56	26
Missouri	206	432	525	7,251	8,187	—	0	1	—	—	1	2	37	27	34
Nebraska [§]	102	96	176	1,874	1,889	N	0	1	N	N	—	0	3	3	3
North Dakota	8	32	54	606	546	N	0	0	N	N	—	0	4	1	—
South Dakota	39	52	117	969	1,012	N	0	0	N	N	—	0	4	11	10
S. Atlantic	2,037	3,287	4,905	60,575	65,712	—	0	1	2	—	11	15	54	228	146
Delaware	63	68	92	1,310	1,228	N	0	0	N	N	—	0	2	—	—
District of Columbia	23	60	101	810	1,458	—	0	0	—	—	1	0	3	6	2
Florida	577	882	1,093	16,753	15,856	N	0	0	N	N	3	6	28	90	53
Georgia	18	586	2,142	6,555	11,309	—	0	0	—	—	2	3	12	74	40
Maryland [‡]	228	357	525	6,388	6,501	—	0	1	2	—	—	0	4	7	7
North Carolina	450	569	1,772	13,333	12,702	N	0	0	N	N	4	1	10	29	19
South Carolina [§]	266	270	1,306	6,477	7,059	—	0	0	—	—	1	0	4	7	9
Virginia [‡]	382	425	840	7,631	8,737	N	0	0	N	N	—	1	8	13	12
West Virginia	30	56	224	1,318	862	N	0	0	N	N	—	0	3	2	4
E.S. Central	1,027	1,374	2,188	25,508	25,313	—	0	0	—	—	4	3	29	30	16
Alabama [‡]	151	352	1,048	7,382	4,158	N	0	0	N	N	3	0	3	11	6
Kentucky	59	157	336	3,561	4,170	N	0	0	N	N	—	1	25	8	7
Mississippi	382	378	647	5,940	8,422	—	0	0	—	—	—	0	1	1	—
Tennessee [§]	435	477	614	8,625	8,563	N	0	0	N	N	1	1	4	10	3
W.S. Central	1,688	2,147	3,605	39,719	41,941	—	0	1	—	—	—	4	30	56	24
Arkansas	179	167	340	2,967	3,241	—	0	0	—	—	—	0	2	5	1
Louisiana	239	308	761	6,209	6,809	N	0	1	N	N	—	0	21	6	3
Oklahoma	355	226	2,159	4,031	3,878	N	0	0	N	N	—	1	10	11	7
Texas [‡]	915	1,361	1,762	26,512	28,013	N	0	0	N	N	—	2	19	34	13
Mountain	656	1,106	1,845	17,303	23,644	54	88	452	2,361	787	—	2	9	25	41
Arizona	561	370	642	6,501	8,620	54	85	448	2,325	743	—	0	1	3	4
Colorado	—	250	482	2,211	5,543	N	0	0	N	N	—	1	3	9	15
Idaho [‡]	—	52	235	1,169	760	N	0	0	N	N	—	0	2	2	3
Montana	—	42	181	702	842	N	0	0	N	N	—	0	2	5	4
Nevada [‡]	79	126	448	1,513	2,743	—	1	4	16	31	—	0	1	1	5
New Mexico [§]	—	170	338	3,191	3,115	—	0	2	1	9	—	0	3	—	4
Utah	—	88	136	1,484	1,621	—	0	3	17	4	—	0	3	5	4
Wyoming	16	25	53	532	400	—	0	2	2	—	—	0	1	—	2
Pacific	1,531	3,212	5,000	57,979	60,423	25	30	1,179	806	557	1	4	52	23	107
Alaska	82	78	121	1,509	1,411	—	0	0	—	—	—	0	2	1	—
California	979	2,478	4,231	44,403	46,710	25	30	1,179	806	557	—	2	14	—	70
Hawaii	5	107	135	1,911	1,973	N	0	0	N	N	—	0	1	—	—
Oregon [‡]	157	179	315	3,523	3,217	N	0	0	N	N	1	1	20	22	18
Washington	308	357	604	6,633	7,112	N	0	0	N	N	—	0	38	—	19
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	64	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	76	162	1,719	1,563	N	0	0	N	N	N	0	0	N	N
U.S. Virgin Islands	—	4	8	—	130	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable.

Cum: Cumulative year-to-date counts.

Med: Median.

Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

† Chlamydia refers to genital infections caused by *Chlamydia trachomatis*.

§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending May 13, 2006, and May 14, 2005 (19th Week)*

Reporting area	Giardiasis					Gonorrhea					Haemophilus influenzae, invasive All ages, all serotypes				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	134	326	1,016	4,706	5,763	3,555	6,617	14,118	113,219	116,475	16	38	130	731	974
New England	6	29	74	342	488	126	108	286	1,913	1,876	2	3	19	45	67
Connecticut	—	0	37	82	121	64	43	239	673	568	—	0	9	8	22
Maine	3	3	11	28	51	1	2	6	45	50	—	0	1	5	4
Massachusetts	—	12	34	149	204	48	46	76	909	1,000	—	1	5	24	28
New Hampshire	—	1	8	9	22	3	4	9	89	56	—	0	3	1	3
Rhode Island	—	0	25	24	30	10	7	25	177	185	—	0	7	2	6
Vermont†	3	3	9	50	60	—	1	4	20	17	2	0	2	5	4
Mid. Atlantic	17	63	264	845	1,075	369	647	1,014	11,311	11,927	3	7	28	133	166
New Jersey	—	8	18	97	158	24	111	150	1,873	2,012	—	1	4	12	24
New York (Upstate)	17	21	237	320	322	121	123	455	2,157	2,254	3	2	25	45	47
New York City	—	15	32	197	326	88	180	402	3,285	3,669	—	1	4	13	31
Pennsylvania	—	16	29	231	269	136	217	390	3,996	3,992	—	3	8	63	64
E.N. Central	17	54	112	627	969	177	1,321	7,047	24,712	22,997	1	5	13	92	173
Illinois	—	12	32	24	258	—	376	567	5,510	6,970	—	1	5	14	55
Indiana	N	0	0	N	N	44	160	229	3,014	2,884	—	1	6	22	34
Michigan	2	14	29	220	243	119	267	5,880	8,580	3,479	—	0	3	14	10
Ohio	15	16	34	275	214	12	380	681	5,266	7,614	1	2	6	32	57
Wisconsin	—	14	39	108	254	2	121	172	2,342	2,050	—	1	3	10	17
W.N. Central	8	34	259	489	713	207	364	461	6,064	6,661	1	2	15	37	41
Iowa	—	5	14	75	84	26	30	54	588	564	—	0	0	—	1
Kansas	2	4	9	53	69	57	48	124	859	906	—	0	3	7	3
Minnesota	—	7	238	165	333	2	63	88	809	1,248	1	0	9	15	17
Missouri	3	10	32	142	146	86	180	240	3,198	3,329	—	0	7	12	14
Nebraska†	3	1	6	30	44	30	22	56	455	448	—	0	2	3	5
North Dakota	—	0	7	3	1	—	2	7	33	32	—	0	3	—	—
South Dakota	—	2	7	21	36	6	6	15	122	134	—	0	0	—	—
S. Atlantic	30	55	107	877	867	996	1,453	2,334	24,903	27,797	5	10	24	207	240
Delaware	—	1	3	8	21	28	21	44	534	295	—	0	1	1	—
District of Columbia	1	1	5	21	17	15	39	66	561	745	—	0	1	1	1
Florida	18	19	39	319	280	282	405	512	7,715	6,891	2	3	9	71	60
Georgia	10	14	67	298	240	15	273	1,014	2,834	4,982	1	2	5	50	61
Maryland†	—	4	11	52	61	45	134	242	2,463	2,435	2	1	5	27	33
North Carolina	N	0	0	N	N	363	270	766	5,526	6,138	—	0	11	15	37
South Carolina†	—	1	9	32	42	167	116	748	2,845	3,069	—	1	3	16	12
Virginia†	—	9	50	140	195	73	148	288	2,087	3,003	—	1	8	17	22
West Virginia	1	0	6	7	11	8	16	42	338	239	—	0	4	9	14
E.S. Central	3	8	19	124	143	398	539	868	9,887	9,493	1	2	7	48	48
Alabama†	1	4	13	61	65	46	184	491	3,320	2,543	—	0	4	11	9
Kentucky	N	0	0	N	N	15	53	116	1,218	1,318	—	0	1	2	7
Mississippi	—	0	0	—	—	159	133	203	2,210	2,521	—	0	1	2	—
Tennessee†	2	4	11	63	78	178	174	279	3,139	3,111	1	2	5	33	32
W.S. Central	3	5	23	73	81	746	874	1,430	16,584	16,506	—	1	6	35	55
Arkansas	2	2	6	24	30	87	87	186	1,631	1,646	—	0	1	2	—
Louisiana	—	1	6	21	11	169	178	461	3,647	3,736	—	0	2	7	28
Oklahoma	1	3	16	28	40	159	81	764	1,399	1,639	—	1	4	26	27
Texas†	N	0	0	N	N	331	522	712	9,907	9,485	—	0	1	—	—
Mountain	7	29	57	414	413	134	234	554	3,726	4,927	2	4	10	90	107
Arizona	—	2	36	41	57	104	90	201	1,594	1,867	2	1	9	40	48
Colorado	—	9	33	152	141	—	58	90	579	1,152	—	1	4	27	24
Idaho†	—	2	11	35	43	—	3	10	71	34	—	0	1	2	3
Montana	—	1	7	23	11	—	2	13	37	47	—	0	0	—	—
Nevada†	—	2	6	12	31	29	48	195	575	1,019	—	0	1	—	12
New Mexico†	—	1	6	14	18	—	29	64	536	535	—	0	4	11	15
Utah	7	7	19	131	104	—	16	22	276	251	—	0	4	9	4
Wyoming	—	0	2	6	8	1	2	6	58	22	—	0	2	1	1
Pacific	43	62	201	915	1,014	402	801	941	14,119	14,291	1	2	20	44	77
Alaska	1	1	6	14	27	7	10	23	197	182	—	0	19	3	2
California	32	43	105	668	810	279	652	806	11,540	11,894	—	0	9	8	18
Hawaii	—	1	8	19	23	2	19	36	356	356	—	0	1	6	5
Oregon†	7	8	21	131	101	31	27	58	501	596	1	1	7	26	52
Washington	3	6	90	83	53	83	73	142	1,525	1,263	—	0	4	1	—
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	1	—	0	0	—	—
Puerto Rico	2	4	20	8	52	—	6	16	121	145	—	0	1	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	4	—	37	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable.

Cum: Cumulative year-to-date counts.

Med: Median.

Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending May 13, 2006, and May 14, 2005 (19th Week)*

Reporting area	Hepatitis (viral, acute), by type										Legionellosis				
	A					B									
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	33	75	243	1,256	1,401	40	90	558	1,451	1,926	16	41	124	431	383
New England	—	6	22	67	150	—	3	9	42	44	—	2	12	15	19
Connecticut	—	1	3	10	20	—	0	5	—	16	—	0	8	4	4
Maine	—	0	2	3	—	—	0	2	2	4	—	0	1	2	1
Massachusetts	—	3	14	33	105	—	1	7	33	17	—	1	6	7	10
New Hampshire	—	1	12	14	19	—	0	3	4	5	—	0	1	1	3
Rhode Island	—	0	4	2	5	—	0	2	3	—	—	0	10	—	1
Vermont†	—	0	2	5	1	—	0	1	—	2	—	0	3	1	—
Mid. Atlantic	5	10	24	68	240	2	10	54	135	271	5	11	53	110	111
New Jersey	—	2	9	17	43	—	3	10	38	102	—	1	13	6	16
New York (Upstate)	4	1	16	20	32	2	1	42	27	27	4	3	30	45	30
New York City	1	3	10	15	119	—	1	5	16	57	—	1	20	9	16
Pennsylvania	—	1	6	16	46	—	3	9	54	85	1	5	17	50	49
E.N. Central	7	6	15	95	133	6	8	24	103	201	3	7	25	83	87
Illinois	—	2	11	11	43	—	2	7	—	56	—	1	5	7	13
Indiana	7	0	2	15	6	—	0	17	11	8	—	0	6	2	8
Michigan	—	2	8	39	43	—	3	7	48	71	—	2	6	22	24
Ohio	—	1	4	29	24	6	2	8	42	54	3	3	19	39	34
Wisconsin	—	0	5	1	17	—	0	6	2	12	—	1	3	13	8
W.N. Central	3	2	29	50	46	1	5	15	44	94	—	1	12	14	13
Iowa	—	0	2	3	10	—	0	2	1	5	—	0	1	1	2
Kansas	—	0	5	16	7	—	0	2	3	13	—	0	1	1	1
Minnesota	—	0	29	2	3	—	0	9	3	8	—	0	10	—	1
Missouri	3	0	4	19	23	1	3	8	36	54	—	0	3	8	8
Nebraska†	—	0	3	5	3	—	0	2	1	13	—	0	2	2	—
North Dakota	—	0	2	—	—	—	0	0	—	—	—	0	1	—	1
South Dakota	—	0	3	5	—	—	0	1	—	1	—	0	6	2	—
S. Atlantic	2	13	34	188	205	12	23	65	382	586	5	9	19	118	80
Delaware	—	0	2	6	2	—	0	4	14	17	—	0	4	1	1
District of Columbia	—	0	2	2	2	—	0	4	4	—	—	0	2	4	1
Florida	1	5	18	68	74	5	8	19	151	200	3	2	8	54	30
Georgia	1	2	7	18	37	4	3	7	47	101	—	0	4	4	6
Maryland†	—	2	7	25	19	3	2	8	50	66	1	2	9	24	20
North Carolina	—	0	20	40	28	—	0	23	68	57	1	0	3	14	9
South Carolina†	—	1	3	7	10	—	2	9	19	63	—	0	2	2	2
Virginia†	—	1	11	21	31	—	1	18	12	68	—	1	7	14	7
West Virginia	—	0	1	1	2	—	0	18	17	14	—	0	3	1	4
E.S. Central	—	3	15	43	91	2	6	18	109	142	—	2	6	13	12
Alabama†	—	0	6	2	11	—	1	7	31	34	—	0	2	3	5
Kentucky	—	0	5	21	6	1	1	5	31	31	—	0	4	2	4
Mississippi	—	0	2	2	10	—	0	3	5	18	—	0	1	—	—
Tennessee†	—	1	7	18	64	1	2	12	42	59	—	1	4	8	3
W.S. Central	—	8	77	100	142	1	15	283	348	164	—	1	29	10	7
Arkansas	—	0	8	23	5	—	1	3	10	25	—	0	3	—	2
Louisiana	—	1	4	2	24	—	1	3	7	30	—	0	1	4	—
Oklahoma	—	0	2	3	3	—	0	5	1	16	—	0	3	1	1
Texas†	—	7	73	72	110	1	12	280	330	93	—	0	26	5	4
Mountain	—	5	19	104	119	5	8	39	125	203	3	1	8	29	35
Arizona	—	3	18	68	59	4	5	27	86	138	1	0	3	14	10
Colorado	—	1	4	16	12	—	1	5	13	15	—	0	3	2	7
Idaho†	—	0	2	3	15	—	0	2	5	5	—	0	2	2	1
Montana	—	0	1	2	6	—	0	7	—	2	—	0	1	—	2
Nevada†	—	0	2	4	7	—	1	4	9	14	—	0	2	3	7
New Mexico†	—	0	3	5	7	—	0	3	1	9	—	0	1	—	2
Utah	—	0	2	5	12	1	0	5	11	19	1	0	2	7	4
Wyoming	—	0	1	1	1	—	0	1	—	1	1	0	1	1	2
Pacific	16	19	163	541	275	11	10	63	163	221	—	2	9	39	19
Alaska	—	0	1	—	3	—	0	2	1	4	—	0	1	—	—
California	15	16	162	503	231	7	7	41	128	156	—	2	9	39	19
Hawaii	—	0	2	7	9	—	0	1	1	2	—	0	1	—	—
Oregon†	—	1	5	14	16	—	1	6	19	44	N	0	0	N	N
Washington	1	1	13	17	16	4	0	18	14	15	—	0	0	—	—
American Samoa	U	0	1	U	—	U	0	0	U	—	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	1	0	4	6	29	3	1	8	9	8	—	0	1	1	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable.

Cum: Cumulative year-to-date counts.

Med: Median.

Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending May 13, 2006, and May 14, 2005 (19th Week)*

Reporting area	Lyme disease					Malaria				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max		
United States	33	291	1,903	1,711	2,353	10	26	124	331	408
New England	—	60	780	88	282	1	1	12	13	21
Connecticut	—	8	753	47	24	—	0	10	1	—
Maine	—	2	26	15	17	—	0	1	2	1
Massachusetts	—	19	205	1	217	1	0	3	7	16
New Hampshire	—	5	21	20	19	—	0	1	2	2
Rhode Island	—	0	12	—	3	—	0	8	—	2
Vermont†	—	1	5	5	2	—	0	1	1	—
Mid. Atlantic	22	160	929	1,201	1,380	—	6	15	47	108
New Jersey	1	25	311	205	458	—	1	7	—	28
New York (Upstate)	17	73	900	611	246	—	1	11	9	19
New York City	—	4	33	—	76	—	3	8	27	49
Pennsylvania	4	47	397	385	600	—	1	2	11	12
E.N. Central	—	14	160	60	138	—	3	8	37	43
Illinois	—	1	13	—	7	—	1	5	9	24
Indiana	—	0	4	2	2	—	0	3	5	3
Michigan	—	1	7	9	1	—	0	2	6	8
Ohio	—	1	5	13	18	—	1	3	12	3
Wisconsin	—	10	145	36	110	—	0	3	5	5
W.N. Central	2	11	89	44	60	1	0	32	20	18
Iowa	—	0	8	2	12	—	0	1	1	2
Kansas	—	0	1	—	1	—	0	1	—	2
Minnesota	2	7	96	40	45	—	0	30	14	5
Missouri	—	0	2	1	2	1	0	2	3	9
Nebraska†	—	0	2	1	—	—	0	2	—	—
North Dakota	—	0	1	—	—	—	0	1	1	—
South Dakota	—	0	1	—	—	—	0	1	1	—
S. Atlantic	5	33	124	249	436	3	6	16	105	87
Delaware	1	9	37	105	174	—	0	1	2	1
District of Columbia	—	0	2	7	3	—	0	2	—	2
Florida	—	1	5	12	10	2	1	6	20	16
Georgia	—	0	1	—	1	1	1	6	31	14
Maryland†	3	16	87	109	195	—	1	9	22	29
North Carolina	—	0	5	8	18	—	0	8	10	13
South Carolina†	1	0	3	2	7	—	0	2	3	3
Virginia†	—	3	22	6	28	—	1	9	16	8
West Virginia	—	0	44	—	—	—	0	2	1	1
E.S. Central	—	0	4	1	7	—	0	3	7	8
Alabama†	—	0	1	—	—	—	0	1	3	3
Kentucky	—	0	2	—	—	—	0	2	1	1
Mississippi	—	0	0	—	—	—	0	1	1	—
Tennessee†	—	0	4	1	7	—	0	2	2	4
W.S. Central	—	0	7	1	26	1	1	30	19	33
Arkansas	—	0	1	—	2	1	0	2	1	2
Louisiana	—	0	0	—	3	—	0	1	—	1
Oklahoma	—	0	0	—	—	—	0	6	2	2
Texas†	—	0	7	1	21	—	1	29	16	28
Mountain	—	0	4	2	2	—	1	9	16	16
Arizona	—	0	4	2	—	—	0	9	4	2
Colorado	—	0	0	—	—	—	0	3	4	8
Idaho†	—	0	1	—	—	—	0	0	—	—
Montana	—	0	0	—	—	—	0	1	1	—
Nevada†	—	0	2	—	—	—	0	2	—	—
New Mexico†	—	0	1	—	—	—	0	1	—	1
Utah	—	0	1	—	1	—	0	2	7	4
Wyoming	—	0	1	—	1	—	0	1	—	1
Pacific	4	3	18	65	22	4	4	12	67	74
Alaska	—	0	1	—	1	—	0	2	6	2
California	4	2	18	65	19	4	2	10	49	63
Hawaii	N	0	0	N	N	—	0	4	—	4
Oregon†	—	0	3	—	2	—	0	2	4	2
Washington	—	0	3	—	—	—	0	5	8	3
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	N	0	0	N	N	—	0	1	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable.

* Incidence data for reporting years 2005 and 2006 are provisional.

† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending May 13, 2006, and May 14, 2005 (19th Week)*

Reporting area	Meningococcal disease, invasive										Pertussis				
	All serogroups					Serogroup unknown									
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	12	21	86	493	583	8	14	57	335	343	75	439	2,858	3,758	6,934
New England	—	1	5	19	35	—	0	3	19	12	—	29	83	400	436
Connecticut	—	0	2	4	9	—	0	2	4	1	—	1	5	10	29
Maine	—	0	1	2	2	—	0	1	2	2	—	1	5	16	15
Massachusetts	—	0	3	11	16	—	0	3	11	4	—	23	43	323	329
New Hampshire	—	0	2	2	3	—	0	2	2	3	—	2	36	17	11
Rhode Island	—	0	1	—	2	—	0	0	—	—	—	0	17	—	8
Vermont†	—	0	1	—	3	—	0	1	—	2	—	1	8	34	44
Mid. Atlantic	3	2	13	65	73	1	2	11	49	55	15	25	136	586	553
New Jersey	—	0	2	2	19	—	0	2	2	19	—	4	10	79	76
New York (Upstate)	3	0	7	16	19	1	0	5	3	6	11	11	122	216	187
New York City	—	0	5	18	11	—	0	5	18	11	—	2	6	24	34
Pennsylvania	—	1	5	29	24	—	1	5	26	19	4	10	25	267	256
E.N. Central	—	2	10	47	71	—	1	6	33	58	11	54	132	494	1,596
Illinois	—	0	4	9	19	—	0	4	9	19	—	13	35	12	347
Indiana	—	0	5	8	8	—	0	2	2	3	4	4	75	60	124
Michigan	—	1	3	11	15	—	0	3	6	9	1	5	23	132	103
Ohio	—	1	5	19	21	—	0	4	16	19	6	16	30	248	617
Wisconsin	—	0	1	—	8	—	0	1	—	8	—	14	41	42	405
W.N. Central	1	1	4	28	31	1	1	3	15	14	7	61	541	521	930
Iowa	—	0	2	7	11	—	0	2	3	3	—	11	55	102	292
Kansas	—	0	1	1	5	—	0	1	1	5	3	11	28	151	110
Minnesota	—	0	2	4	5	—	0	1	3	1	—	0	485	72	137
Missouri	1	0	3	10	7	1	0	2	4	3	4	10	43	143	155
Nebraska†	—	0	2	5	2	—	0	1	3	2	—	4	14	44	88
North Dakota	—	0	1	1	—	—	0	1	1	—	—	0	26	4	66
South Dakota	—	0	1	—	1	—	0	0	—	—	—	1	8	5	82
S. Atlantic	2	4	14	90	96	1	2	7	40	39	8	23	92	351	481
Delaware	—	0	1	2	2	—	0	1	2	2	—	0	1	2	13
District of Columbia	—	0	1	—	4	—	0	1	—	3	—	0	3	3	3
Florida	2	1	6	37	38	1	0	5	14	13	3	4	14	81	61
Georgia	—	0	3	11	7	—	0	3	11	7	—	1	3	6	15
Maryland†	—	0	2	6	8	—	0	2	3	—	2	4	8	62	92
North Carolina	—	0	11	14	11	—	0	3	3	2	1	0	21	71	27
South Carolina†	—	0	2	9	10	—	0	1	3	7	—	5	22	49	172
Virginia†	—	0	4	10	12	—	0	3	4	4	2	1	73	73	74
West Virginia	—	0	1	1	4	—	0	1	—	1	—	0	5	4	24
E.S. Central	—	1	4	16	28	—	1	4	12	19	—	8	24	78	176
Alabama†	—	0	1	4	2	—	0	1	4	1	—	1	9	23	35
Kentucky	—	0	2	5	9	—	0	2	5	9	—	2	10	6	52
Mississippi	—	0	1	1	4	—	0	1	1	4	—	1	4	9	24
Tennessee†	—	0	2	6	13	—	0	2	2	5	—	2	17	40	65
W.S. Central	—	1	22	45	55	—	1	6	19	13	2	45	353	253	502
Arkansas	—	0	3	5	8	—	0	2	4	1	1	4	21	30	96
Louisiana	—	0	4	23	19	—	0	3	12	3	—	0	3	5	14
Oklahoma	—	0	3	6	7	—	0	1	—	1	—	0	118	2	—
Texas†	—	1	16	11	21	—	0	4	3	8	1	39	214	216	392
Mountain	2	1	7	37	43	1	0	4	23	10	28	64	231	782	1,488
Arizona	1	0	4	17	18	1	0	4	17	6	26	15	178	242	238
Colorado	—	0	2	11	11	—	0	1	2	—	—	23	40	428	590
Idaho†	—	0	2	1	2	—	0	2	1	2	—	2	13	20	81
Montana	1	0	1	2	—	—	0	0	—	—	—	5	29	43	306
Nevada†	—	0	2	—	3	—	0	1	—	—	—	0	6	12	21
New Mexico†	—	0	1	1	3	—	0	1	—	2	—	2	6	9	97
Utah	—	0	2	3	6	—	0	1	1	—	—	8	32	—	143
Wyoming	—	0	2	2	—	—	0	2	2	—	2	1	5	28	12
Pacific	4	5	31	146	151	4	4	25	125	123	4	75	1,334	293	772
Alaska	—	0	1	1	1	—	0	1	1	1	1	2	15	28	14
California	4	2	14	83	76	4	2	14	83	76	—	40	1,136	46	256
Hawaii	—	0	1	4	7	—	0	1	4	2	—	3	10	31	60
Oregon†	—	2	8	39	48	—	1	6	29	26	—	4	33	49	309
Washington	—	0	25	19	19	—	0	11	8	18	3	12	195	139	133
American Samoa	U	0	1	—	—	U	0	1	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	—	—	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	1	3	5	—	0	1	3	5	—	0	1	—	4
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases.

N: Not notifiable.

Cum: Cumulative year-to-date counts.

Med: Median.

Max: Maximum.

† Incidence data for reporting years 2005 and 2006 are provisional.

† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending May 13, 2006, and May 14, 2005 (19th Week)*

Reporting area	Rabies, animal					Rocky Mountain spotted fever					Salmonellosis				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	53	101	186	1,605	2,207	8	36	98	338	214	413	854	2,249	9,102	9,606
New England	4	12	26	191	280	—	0	2	—	1	1	38	118	456	565
Connecticut	—	3	13	38	57	—	0	0	—	—	—	7	111	111	122
Maine	2	1	4	27	21	N	0	0	N	N	—	2	8	18	45
Massachusetts	—	4	17	101	171	—	0	2	—	—	—	20	41	271	315
New Hampshire	—	0	3	5	3	—	0	1	—	—	—	2	12	27	35
Rhode Island	—	0	4	1	6	—	0	2	—	1	—	0	17	20	19
Vermont†	2	1	7	19	22	—	0	0	—	—	1	1	10	9	29
Mid. Atlantic	14	18	40	288	298	—	1	8	7	14	41	91	274	979	1,191
New Jersey	N	0	0	N	N	—	0	3	—	3	—	14	41	88	225
New York (Upstate)	14	11	24	154	139	—	0	2	—	—	26	22	234	260	273
New York City	—	0	3	—	10	—	0	2	2	—	2	22	44	262	325
Pennsylvania	—	7	22	134	149	—	1	6	5	11	13	31	61	369	368
E.N. Central	3	2	68	15	14	—	0	7	4	6	45	100	241	1,179	1,334
Illinois	—	0	4	—	1	—	0	4	1	3	—	28	163	230	464
Indiana	1	0	3	3	2	—	0	1	1	—	20	11	69	165	118
Michigan	2	0	4	10	7	—	0	1	—	1	2	18	35	206	249
Ohio	—	0	66	2	4	—	0	3	2	2	23	24	52	362	268
Wisconsin	N	0	2	N	N	—	0	1	—	—	—	15	45	216	235
W.N. Central	2	5	16	76	122	5	2	16	18	14	15	45	90	622	659
Iowa	—	0	4	14	—	—	0	2	—	1	—	7	18	99	121
Kansas	—	1	5	26	38	—	0	1	—	1	2	7	17	91	88
Minnesota	2	1	5	10	24	—	0	1	1	—	5	10	30	153	160
Missouri	—	1	7	7	17	5	2	15	17	11	3	15	40	198	167
Nebraska†	—	0	0	—	—	—	0	2	—	—	5	3	10	47	60
North Dakota	—	0	5	2	8	—	0	1	—	—	—	0	46	4	12
South Dakota	—	1	4	17	35	—	0	2	—	1	—	3	11	30	51
S. Atlantic	14	35	64	580	853	—	17	94	276	135	146	263	520	2,443	2,377
Delaware	—	0	0	—	—	—	0	2	2	1	—	2	9	22	19
District of Columbia	—	0	0	—	—	—	0	1	—	—	—	1	7	19	13
Florida	—	0	22	53	201	—	0	3	9	8	68	99	230	1,086	961
Georgia	—	3	27	43	110	—	1	11	16	15	17	35	87	349	329
Maryland†	—	7	16	116	104	—	2	7	13	12	4	14	39	142	190
North Carolina	9	8	20	119	178	—	5	87	228	87	15	30	114	409	357
South Carolina†	—	3	11	39	71	—	1	6	3	7	41	21	146	205	218
Virginia†	—	10	26	175	176	—	2	10	5	4	—	21	78	186	257
West Virginia	5	1	13	35	13	—	0	2	—	1	1	3	19	25	33
E.S. Central	—	3	8	78	75	3	5	24	24	18	28	51	105	465	564
Alabama†	—	1	6	25	24	2	0	9	8	5	19	14	39	168	146
Kentucky	—	0	5	5	6	—	0	1	—	—	1	8	27	95	85
Mississippi	—	0	1	—	—	—	0	3	—	1	—	9	31	49	107
Tennessee†	—	1	7	48	45	1	3	18	16	12	8	14	41	153	226
W.S. Central	5	14	30	278	425	—	1	34	6	9	22	86	880	930	803
Arkansas	3	0	3	14	12	—	0	32	4	2	5	15	67	250	118
Louisiana	—	0	0	—	—	—	0	2	—	2	—	12	43	91	201
Oklahoma	2	1	9	22	41	—	0	23	1	5	4	7	26	73	85
Texas†	—	12	27	242	372	—	0	8	1	—	13	45	839	516	399
Mountain	8	4	16	45	83	—	0	6	3	16	22	49	110	620	610
Arizona	6	2	11	40	72	—	0	6	2	12	12	14	67	193	180
Colorado	—	0	3	—	1	—	0	1	—	—	—	12	45	183	152
Idaho†	—	0	12	—	—	—	0	2	—	—	—	2	15	36	47
Montana	1	0	3	4	—	—	0	0	—	1	—	2	16	34	30
Nevada†	—	0	2	—	—	—	0	0	—	—	—	3	8	23	60
New Mexico†	—	0	1	—	1	—	0	1	—	2	—	4	13	44	67
Utah	1	0	5	1	—	—	0	0	—	—	6	5	30	83	62
Wyoming	—	0	2	—	9	—	0	1	1	1	4	1	12	24	12
Pacific	3	3	15	54	57	—	0	1	—	1	53	100	425	1,408	1,503
Alaska	—	0	4	10	1	—	0	0	—	—	1	1	7	32	17
California	3	3	15	44	56	—	0	0	—	—	81	73	292	1,048	1,181
Hawaii	—	0	0	—	—	—	0	0	—	—	1	5	15	77	97
Oregon†	—	0	1	—	—	—	0	1	—	1	—	8	25	123	123
Washington	U	0	0	U	U	N	0	0	N	N	10	10	124	128	85
American Samoa	U	0	0	U	U	U	0	0	U	U	U	0	2	U	1
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	1
Puerto Rico	6	1	4	40	29	N	0	0	N	N	6	12	35	31	146
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable.

Cum: Cumulative year-to-date counts.

Med: Median.

Max: Maximum.

† Incidence data for reporting years 2005 and 2006 are provisional.

‡ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending May 13, 2006, and May 14, 2005 (19th Week)*

Reporting area	Shiga toxin-producing <i>E. coli</i> (STEC) [†]					Shigellosis					Streptococcal disease, invasive, group A				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	17	52	281	345	502	141	299	679	2,875	3,918	64	85	276	2,088	2,085
New England	—	3	14	32	47	—	5	22	86	75	2	5	11	78	127
Connecticut	—	1	13	13	14	—	0	16	16	18	U	1	4	U	53
Maine	—	0	5	—	8	—	0	3	—	5	—	0	2	7	3
Massachusetts	—	1	7	16	18	—	4	11	62	42	—	2	7	49	52
New Hampshire	—	0	2	3	3	—	0	4	4	4	—	0	3	14	6
Rhode Island	—	0	2	—	1	—	0	6	3	2	—	0	3	3	6
Vermont [‡]	—	0	2	2	3	—	0	4	1	4	2	0	2	5	7
Mid. Atlantic	—	5	102	6	50	3	18	70	216	412	9	14	44	353	453
New Jersey	—	1	7	—	13	—	5	18	50	108	—	2	8	10	98
New York (Upstate)	4	2	98	28	18	3	4	58	83	98	4	4	33	150	147
New York City	—	0	3	6	—	—	5	14	51	174	—	3	8	46	81
Pennsylvania	—	2	8	—	19	—	2	48	32	32	5	5	13	147	127
E.N. Central	4	9	35	82	86	8	19	96	273	324	8	15	37	381	481
Illinois	—	1	10	—	30	—	7	26	72	83	—	4	10	56	166
Indiana	2	1	7	12	9	8	1	56	50	36	—	1	11	51	49
Michigan	—	0	4	19	—	—	3	10	67	114	—	3	11	110	117
Ohio	2	2	14	28	28	—	3	11	54	20	8	4	19	138	95
Wisconsin	—	3	15	23	19	—	3	10	30	71	—	1	4	26	54
W.N. Central	2	7	35	58	72	68	39	65	330	244	2	5	57	169	131
Iowa	1	1	10	12	12	—	1	7	10	39	N	0	0	N	N
Kansas	—	0	4	—	10	—	4	20	28	14	—	1	5	33	25
Minnesota	1	3	19	43	11	—	2	6	24	24	—	0	52	78	44
Missouri	1	2	7	22	21	68	22	45	217	133	1	1	5	32	38
Nebraska [§]	—	1	4	5	15	—	2	10	25	21	1	0	4	16	10
North Dakota	—	0	15	—	1	—	0	2	4	2	—	0	5	5	4
South Dakota	—	0	5	3	2	—	2	17	22	11	—	0	3	5	10
S. Atlantic	7	7	39	65	97	35	51	122	808	576	11	19	40	488	387
Delaware	—	0	2	1	—	—	0	2	—	5	—	0	2	4	—
District of Columbia	—	0	1	—	—	—	0	2	3	6	—	0	2	5	5
Florida	6	1	29	29	52	26	23	66	352	257	7	5	12	116	95
Georgia	—	0	6	—	9	4	13	34	281	152	1	4	12	119	77
Maryland [§]	1	1	5	5	10	—	2	8	35	22	2	3	12	92	79
North Carolina	1	1	11	27	12	—	1	22	65	63	—	1	21	61	63
South Carolina [§]	—	0	2	3	1	5	2	9	56	38	1	0	6	31	23
Virginia [§]	—	1	9	—	13	—	2	9	16	33	—	2	11	52	36
West Virginia	—	0	2	—	—	—	0	1	—	—	—	0	4	8	9
E.S. Central	—	3	11	16	24	8	14	46	203	517	4	3	10	95	80
Alabama [§]	—	0	3	1	7	7	3	20	46	110	N	0	0	N	N
Kentucky	—	1	8	12	4	1	7	23	106	38	1	0	5	23	19
Mississippi	—	0	2	—	1	—	1	5	22	36	—	0	0	—	—
Tennessee [§]	2	1	4	27	12	—	3	28	29	333	3	3	9	72	61
W.S. Central	—	2	43	4	18	—	67	267	254	984	2	8	51	173	104
Arkansas	—	0	2	1	3	—	1	8	31	19	1	0	5	16	7
Louisiana	—	0	2	—	7	—	2	11	37	50	—	0	2	5	5
Oklahoma	—	0	3	3	2	—	7	41	29	262	—	2	8	54	57
Texas [§]	2	1	43	20	6	—	52	243	157	633	1	5	43	98	35
Mountain	—	5	15	34	62	12	17	47	217	203	25	10	78	317	281
Arizona	—	0	4	13	8	11	9	29	120	95	21	4	57	183	121
Colorado	—	1	6	15	14	—	3	18	38	33	—	3	8	68	99
Idaho [§]	—	1	7	9	9	—	0	4	5	2	1	0	2	6	1
Montana	—	0	2	—	2	—	0	1	1	2	—	0	0	—	—
Nevada [§]	—	0	3	2	10	—	1	6	13	25	—	0	6	—	—
New Mexico [§]	—	0	3	2	5	—	2	9	24	32	—	1	7	25	33
Utah	1	0	7	7	13	1	1	4	15	14	3	1	6	35	26
Wyoming	—	0	3	1	1	—	0	1	1	—	—	0	1	2	1
Pacific	4	7	55	48	46	7	39	149	488	603	1	2	9	34	41
Alaska	—	0	2	—	3	—	0	2	6	8	—	0	0	—	—
California	4	3	18	35	28	7	33	104	359	538	—	0	0	—	—
Hawaii	—	0	4	4	3	—	0	4	12	11	1	2	9	34	41
Oregon [§]	—	2	47	17	9	—	1	31	59	25	N	0	0	N	N
Washington	—	2	32	9	3	—	2	43	52	21	N	0	0	N	N
American Samoa	U	0	0	U	U	U	0	2	U	3	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	1	—	0	0	—	—
Puerto Rico	—	0	1	—	—	—	0	2	1	—	N	0	0	N	N
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable.

Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

† Includes *E. coli* O157:H7; Shiga toxin positive, serogroup non-O157; and Shiga toxin positive, not serogrouped.

§ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending May 13, 2006, and May 14, 2005 (19th Week)*

Reporting area	<i>Streptococcus pneumoniae</i> , invasive disease Drug resistant, all ages					Syphilis, primary and secondary					Varicella (chickenpox)				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max				Med	Max		
United States	22	51	335	1,184	1,282	78	169	335	2,746	2,911	687	747	3,163	19,415	11,340
New England	—	1	24	10	112	3	4	17	66	67	4	48	165	531	1,945
Connecticut	U	1	7	U	46	1	0	11	16	5	U	13	67	U	668
Maine	N	0	0	N	N	—	0	2	3	1	—	5	20	85	153
Massachusetts	—	0	6	—	55	2	2	5	38	53	—	20	85	2	1,055
New Hampshire	—	0	0	—	—	—	0	2	4	4	—	7	48	143	46
Rhode Island	—	0	11	1	6	—	0	6	3	4	—	0	0	—	—
Vermont†	—	0	2	9	5	—	0	1	2	—	4	8	32	301	23
Mid. Atlantic	—	2	15	63	127	12	20	36	389	362	105	104	183	2,317	2,205
New Jersey	N	0	0	N	N	2	2	7	69	44	—	0	0	—	—
New York (Upstate)	—	1	10	15	48	4	2	15	58	28	—	0	0	—	—
New York City	U	0	0	U	U	6	10	21	187	235	—	0	0	—	—
Pennsylvania	—	2	9	48	79	—	4	9	75	55	105	104	183	2,317	2,205
E.N. Central	4	12	40	290	298	4	18	38	273	308	285	177	561	7,722	2,797
Illinois	—	1	3	8	10	—	8	23	104	167	—	1	5	4	38
Indiana	—	3	21	69	90	—	1	5	24	28	N	0	347	N	47
Michigan	1	0	4	10	20	—	2	19	48	31	62	92	231	2,217	1,694
Ohio	3	6	32	203	178	4	4	11	82	73	223	49	423	5,143	773
Wisconsin	N	0	0	N	N	—	1	3	15	9	—	11	41	358	245
W.N. Central	1	1	191	22	26	1	4	9	72	91	17	22	84	784	103
Iowa	N	0	0	N	N	—	0	2	6	4	N	0	0	N	N
Kansas	N	0	0	N	N	—	0	2	9	7	—	0	0	—	—
Minnesota	—	0	191	—	—	—	1	4	11	25	—	0	0	—	—
Missouri	1	1	3	22	22	1	3	8	45	53	17	15	82	737	33
Nebraska†	—	0	1	—	2	—	0	1	1	2	—	0	1	—	—
North Dakota	—	0	1	—	—	—	0	1	—	—	—	0	25	18	10
South Dakota	—	0	1	—	2	—	0	1	—	—	—	1	12	29	60
S. Atlantic	13	24	53	621	516	26	43	186	672	653	47	59	858	1,971	947
Delaware	—	0	2	—	1	—	0	2	10	6	—	1	5	33	12
District of Columbia	—	0	3	19	13	2	2	9	40	37	—	0	5	14	15
Florida	10	13	36	338	264	11	15	29	264	270	—	0	0	—	—
Georgia	3	8	21	224	187	1	8	147	63	86	—	0	0	—	—
Maryland†	—	0	0	—	—	5	5	19	108	106	—	0	0	—	—
North Carolina	N	0	0	N	N	2	5	17	110	86	—	0	0	—	—
South Carolina†	—	0	0	—	—	1	1	7	26	24	16	15	50	533	243
Virginia†	N	0	0	N	N	4	3	12	51	36	31	18	812	676	149
West Virginia	—	2	10	40	51	—	0	1	—	2	—	24	70	715	528
E.S. Central	1	4	14	94	87	4	9	19	194	154	—	0	16	16	—
Alabama†	N	0	0	N	N	2	3	12	88	61	—	0	16	16	—
Kentucky	—	1	5	20	14	—	1	8	29	12	N	0	0	N	N
Mississippi	—	0	0	—	1	—	0	5	11	20	—	0	0	—	—
Tennessee†	1	3	13	74	72	2	4	11	66	61	N	0	0	N	N
W.S. Central	—	1	8	42	83	11	24	37	497	461	200	180	1,717	4,654	1,904
Arkansas	—	0	3	6	8	—	1	6	34	21	5	3	110	335	—
Louisiana	—	1	5	36	75	1	4	17	58	91	—	0	17	82	102
Oklahoma	N	0	0	N	N	2	1	6	29	15	—	0	0	—	—
Texas†	N	0	0	N	N	8	17	31	376	334	195	170	1,607	4,237	1,802
Mountain	3	1	27	42	33	13	7	17	132	157	29	49	135	1,420	1,439
Arizona	N	0	0	N	N	7	3	13	71	51	—	0	0	—	—
Colorado	N	0	0	N	N	—	1	3	10	20	—	35	76	749	993
Idaho†	N	0	0	N	N	—	0	3	2	13	—	0	0	—	—
Montana	—	0	1	—	—	—	0	1	—	5	—	0	0	—	—
Nevada†	—	0	27	1	2	6	2	6	29	43	—	0	2	4	—
New Mexico†	—	0	0	—	—	—	1	5	19	20	—	3	32	205	117
Utah	—	0	8	19	15	—	0	1	1	5	28	9	55	452	286
Wyoming	3	0	3	22	16	—	0	0	—	—	1	0	3	10	43
Pacific	—	0	0	—	—	4	34	47	451	658	—	0	0	—	—
Alaska	—	0	0	—	—	—	0	4	5	4	—	0	0	—	—
California	N	0	0	N	N	4	29	42	363	585	—	0	0	—	—
Hawaii	—	0	0	—	—	—	0	2	7	1	N	0	0	N	N
Oregon†	N	0	0	N	N	—	0	6	5	12	N	0	0	N	N
Washington	N	0	0	N	N	—	2	11	71	56	N	0	0	N	N
American Samoa	—	0	0	—	—	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	—	0	0	—	—	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—	—	0	0	—	26
Puerto Rico	N	0	0	N	N	—	4	16	53	50	10	9	47	106	316
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable.

Cum: Cumulative year-to-date counts.

Med: Median.

Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

† Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending May 13, 2006, and May 14, 2005 (19th Week)*

Reporting area	West Nile virus disease†									
	Neuroinvasive					Non-neuroinvasive				
	Current week	Previous 52 weeks		Cum 2006	Cum 2005	Current week	Previous 52 weeks		Cum 2006	Cum 2005
		Med	Max				Med	Max		
United States	—	1	154	1	1	—	2	203	—	4
New England	—	0	3	—	—	—	0	2	—	—
Connecticut	—	0	2	—	—	—	0	1	—	—
Maine	—	0	0	—	—	—	0	0	—	—
Massachusetts	—	0	3	—	—	—	0	1	—	—
New Hampshire	—	0	0	—	—	—	0	0	—	—
Rhode Island	—	0	1	—	—	—	0	0	—	—
Vermont‡	—	0	0	—	—	—	0	0	—	—
Mid. Atlantic	—	0	10	—	—	—	0	4	—	—
New Jersey	—	0	1	—	—	—	0	2	—	—
New York (Upstate)	—	0	7	—	—	—	0	2	—	—
New York City	—	0	2	—	—	—	0	2	—	—
Pennsylvania	—	0	3	—	—	—	0	2	—	—
E.N. Central	—	0	39	—	—	—	0	18	—	—
Illinois	—	0	25	—	—	—	0	16	—	—
Indiana	—	0	2	—	—	—	0	1	—	—
Michigan	—	0	14	—	—	—	0	3	—	—
Ohio	—	0	9	—	—	—	0	4	—	—
Wisconsin	—	0	3	—	—	—	0	2	—	—
W.N. Central	—	0	26	—	—	—	0	80	—	—
Iowa	—	0	3	—	—	—	0	5	—	—
Kansas	—	0	3	—	—	N	0	3	N	N
Minnesota	—	0	5	—	—	—	0	5	—	—
Missouri	—	0	4	—	—	—	0	3	—	—
Nebraska‡	—	0	9	—	—	—	0	24	—	—
North Dakota	—	0	4	—	—	—	0	15	—	—
South Dakota	—	0	7	—	—	—	0	33	—	—
S. Atlantic	—	0	6	—	—	—	0	4	—	—
Delaware	—	0	1	—	—	—	0	0	—	—
District of Columbia	—	0	1	—	—	—	0	1	—	—
Florida	—	0	2	—	—	—	0	4	—	—
Georgia	—	0	3	—	—	—	0	3	—	—
Maryland‡	—	0	2	—	—	—	0	1	—	—
North Carolina	—	0	1	—	—	—	0	1	—	—
South Carolina‡	—	0	1	—	—	—	0	0	—	—
Virginia‡	—	0	0	—	—	N	0	1	—	—
West Virginia	—	0	0	—	—	N	0	0	N	N
E.S. Central	—	0	10	1	—	—	0	5	—	—
Alabama‡	—	0	1	—	—	—	0	2	—	—
Kentucky	—	0	1	—	—	—	0	0	—	—
Mississippi	—	0	9	1	—	—	0	5	—	—
Tennessee‡	—	0	3	—	—	—	0	1	—	—
W.S. Central	—	0	32	—	—	—	0	22	—	2
Arkansas	—	0	3	—	—	—	0	2	—	—
Louisiana	—	0	20	—	—	—	0	9	—	2
Oklahoma	—	0	6	—	—	—	0	3	—	—
Texas‡	—	0	16	—	—	—	0	13	—	—
Mountain	—	0	16	—	1	—	0	39	—	—
Arizona	—	0	8	—	1	—	0	8	—	—
Colorado	—	0	5	—	—	—	0	13	—	—
Idaho‡	—	0	2	—	—	—	0	3	—	—
Montana	—	0	3	—	—	—	0	9	—	—
Nevada‡	—	0	3	—	—	—	0	8	—	—
New Mexico‡	—	0	3	—	—	—	0	4	—	—
Utah	—	0	6	—	—	—	0	8	—	—
Wyoming	—	0	2	—	—	—	0	1	—	—
Pacific	—	0	50	—	—	—	0	90	—	2
Alaska	—	0	0	—	—	—	0	0	—	—
California	—	0	50	—	—	—	0	89	—	2
Hawaii	—	0	0	—	—	—	0	0	—	—
Oregon‡	—	0	1	—	—	—	0	2	—	—
Washington	—	0	0	—	—	—	0	0	—	—
American Samoa	U	0	0	U	U	U	0	0	U	U
C.N.M.I.	U	0	0	U	U	U	0	0	U	U
Guam	—	0	0	—	—	—	0	0	—	—
Puerto Rico	—	0	0	—	—	—	0	0	—	—
U.S. Virgin Islands	—	0	0	—	—	—	0	0	—	—

C.N.M.I.: Commonwealth of Northern Mariana Islands.

U: Unavailable. —: No reported cases. N: Not notifiable. Cum: Cumulative year-to-date counts. Med: Median. Max: Maximum.

* Incidence data for reporting years 2005 and 2006 are provisional.

† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).

‡ Contains data reported through the National Electronic Disease Surveillance System (NEDSS).

TABLE III. Deaths in 122 U.S. cities,* week ending May 13, 2006 (19th Week)

All causes, by age (years)								All causes, by age (years)								
Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	P&I† Total	Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	P&I† Total	
New England	517	366	113	23	5	10	41	S. Atlantic	1,180	748	295	87	29	21	78	
Boston, MA	144	85	43	10	2	4	10	Atlanta, GA	104	59	31	9	3	2	3	
Bridgeport, CT	43	31	9	2	1	—	2	Baltimore, MD	176	108	49	13	4	2	23	
Cambridge, MA	13	12	1	—	—	—	1	Charlotte, NC	131	90	27	9	2	3	9	
Fall River, MA	33	28	4	—	—	1	2	Jacksonville, FL	150	91	39	11	6	3	3	
Hartford, CT	46	34	10	1	—	1	7	Miami, FL	74	41	17	10	4	2	3	
Lowell, MA	20	17	2	—	1	—	2	Norfolk, VA	47	26	15	2	1	3	1	
Lynn, MA	13	9	2	2	—	—	2	Richmond, VA	71	43	17	9	1	1	3	
New Bedford, MA	28	24	3	1	—	—	2	Savannah, GA	58	38	14	4	1	1	5	
New Haven, CT	U	U	U	U	U	U	U	St. Petersburg, FL	67	43	17	3	2	2	15	
Providence, RI	63	41	18	2	—	2	2	Tampa, FL	193	135	42	13	2	1	10	
Somerville, MA	1	—	1	—	—	—	—	Washington, D.C.	93	61	25	4	2	1	2	
Springfield, MA	36	26	7	2	1	—	—	Wilmington, DE	16	13	2	—	1	—	1	
Waterbury, CT	24	18	5	1	—	—	3	E.S. Central	873	561	207	64	19	21	59	
Worcester, MA	53	41	8	2	—	2	8	Birmingham, AL	154	91	36	15	4	8	15	
Mid. Atlantic	2,119	1,471	447	127	41	32	88	Chattanooga, TN	95	70	19	4	1	1	6	
Albany, NY	51	32	14	3	—	2	—	Knoxville, TN	90	65	16	6	2	1	1	
Allentown, PA	32	24	8	—	—	—	—	Lexington, KY	88	49	26	8	1	4	9	
Buffalo, NY	80	53	21	5	1	—	5	Memphis, TN	137	89	32	12	3	1	12	
Camden, NJ	33	18	8	2	4	1	2	Mobile, AL	89	59	21	6	1	1	1	
Elizabeth, NJ	16	15	1	—	—	—	2	Montgomery, AL	70	37	24	6	3	—	5	
Erie, PA	41	33	8	2	—	—	1	Nashville, TN	150	101	33	7	4	5	10	
Jersey City, NJ	39	25	10	1	1	2	—	W.S. Central	1,480	943	347	107	45	38	102	
New York City, NY	1,104	808	201	57	19	18	36	Austin, TX	106	65	26	5	8	2	5	
Newark, NJ	51	21	20	7	2	1	5	Baton Rouge, LA	34	21	9	4	—	—	2	
Paterson, NJ	16	8	5	3	—	—	—	Corpus Christi, TX	58	42	10	2	1	3	5	
Philadelphia, PA	292	167	81	30	7	7	12	Dallas, TX	177	111	38	20	3	5	11	
Pittsburgh, PA [‡]	31	16	11	3	1	—	1	El Paso, TX	55	40	7	4	2	2	2	
Reading, PA	24	21	2	1	—	—	4	Fort Worth, TX	116	76	27	6	1	6	7	
Rochester, NY	128	95	21	7	4	1	9	Houston, TX	425	249	109	35	19	13	37	
Schenectady, NY	24	17	6	1	—	—	—	Little Rock, AR	64	40	13	4	5	2	2	
Scranton, PA	36	28	7	1	—	—	2	New Orleans, LA [†]	U	U	U	U	U	U	U	
Syracuse, NY	64	48	14	1	1	—	5	San Antonio, TX	248	165	63	14	3	3	20	
Trenton, NJ	30	22	7	1	—	—	—	Shreveport, LA	74	50	20	3	1	—	6	
Utica, NY	14	11	2	—	1	—	3	Tulsa, OK	123	84	25	10	2	2	5	
Yonkers, NY	13	9	2	2	—	—	1	Mountain	996	653	211	77	26	24	72	
E.N. Central	2,021	1,309	484	122	50	56	118	Albuquerque, NM	135	85	30	14	2	4	11	
Akron, OH	51	35	13	1	2	—	1	Boise, ID	57	44	9	2	2	—	4	
Canton, OH	35	26	4	4	—	1	—	Colorado Springs, CO	79	52	19	5	1	2	3	
Chicago, IL	326	189	89	29	8	11	22	Denver, CO	92	58	21	8	3	2	8	
Cincinnati, OH	80	45	21	4	8	2	4	Las Vegas, NV	279	180	57	29	8	5	19	
Cleveland, OH	216	143	52	10	3	8	20	Ogden, UT	37	30	6	1	—	—	—	
Columbus, OH	196	130	48	11	4	3	16	Phoenix, AZ	167	98	43	10	8	5	12	
Dayton, OH	121	84	33	3	1	—	5	Pueblo, CO	29	21	7	1	—	—	3	
Detroit, MI	135	71	42	10	5	7	12	Salt Lake City, UT	121	85	19	7	2	6	12	
Evansville, IN	42	30	6	2	2	2	1	Tucson, AZ	U	U	U	U	U	U	U	
Fort Wayne, IN	79	58	15	3	—	3	—	Pacific	1,699	1,173	360	89	43	34	155	
Gary, IN	14	8	2	—	2	2	—	Berkeley, CA	16	8	4	1	1	2	1	
Grand Rapids, MI	57	44	9	3	—	1	3	Fresno, CA	163	107	38	8	7	3	15	
Indianapolis, IN	182	105	49	16	5	7	11	Glendale, CA	18	14	3	1	—	—	2	
Lansing, MI	50	39	7	4	—	—	—	Honolulu, HI	65	40	16	4	4	1	—	
Milwaukee, WI	116	72	24	10	4	6	1	Long Beach, CA	76	55	11	7	1	2	10	
Peoria, IL	56	36	15	2	1	2	9	Los Angeles, CA	257	188	45	17	3	4	35	
Rockford, IL	48	32	10	5	—	1	4	Pasadena, CA	20	16	3	—	1	—	1	
South Bend, IN	59	43	12	3	1	—	2	Portland, OR	112	77	24	4	3	4	7	
Toledo, OH	101	71	25	2	3	—	6	Sacramento, CA	228	163	50	10	3	2	20	
Youngstown, OH	57	48	8	—	1	—	1	San Diego, CA	160	100	38	8	6	8	11	
W.N. Central	570	376	135	25	15	17	44	San Francisco, CA	76	47	21	4	4	—	6	
Des Moines, IA	73	55	9	6	1	2	9	San Jose, CA	215	156	39	12	4	4	33	
Duluth, MN	23	16	6	—	1	—	1	Santa Cruz, CA	29	22	7	—	—	—	1	
Kansas City, KS	28	13	14	—	1	—	1	Seattle, WA	115	67	36	7	3	2	5	
Kansas City, MO	77	46	21	2	3	5	7	Spokane, WA	51	36	10	1	2	2	5	
Lincoln, NE	34	28	4	—	1	1	1	Tacoma, WA	98	77	15	5	1	—	3	
Minneapolis, MN	50	28	12	5	1	4	—	Total	11,455**	7,600	2,599	721	273	253	757	
Omaha, NE	94	69	23	1	1	—	12									
St. Louis, MO	69	41	14	8	—	4	5									
St. Paul, MN	53	35	13	1	4	—	5									
Wichita, KS	69	45	19	2	2	1	3									

U: Unavailable. —: No reported cases.

* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

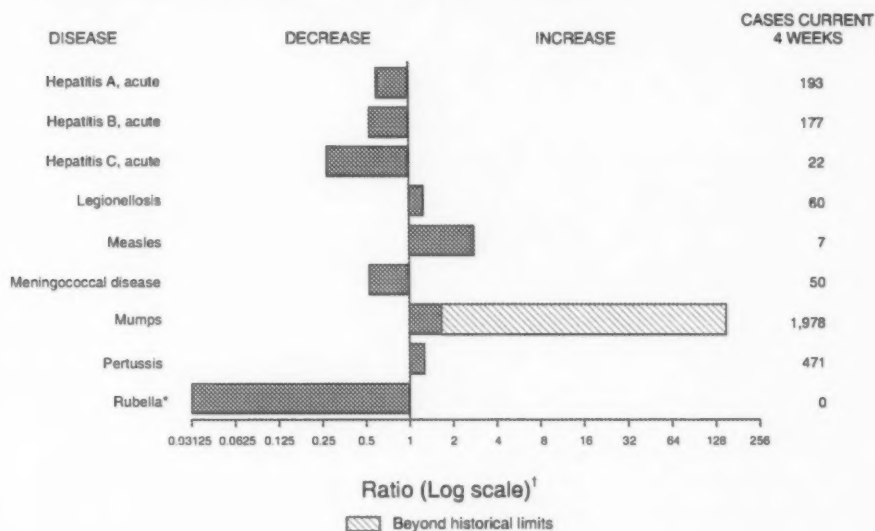
† Pneumonia and influenza.

‡ Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

§ Because of Hurricane Katrina, weekly reporting of deaths has been temporarily disrupted.

** Total includes unknown ages.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals May 13, 2006, with historical data



* No rubella cases were reported for the current 4-week period yielding a ratio for week 19 of zero (0).

† Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

The *Morbidity and Mortality Weekly Report (MMWR)* Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available free of charge in electronic format and on a paid subscription basis for paper copy. To receive an electronic copy each week, send an e-mail message to listserv@listserv.cdc.gov. The body content should read *SUBscribe mmwr-loc*. Electronic copy also is available from CDC's World-Wide Web server at <http://www.cdc.gov/mmwr> or from CDC's file transfer protocol server at <ftp://ftp.cdc.gov/pub/publications/mmwr>. To subscribe for paper copy, contact Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone 202-512-1800.

Data in the weekly *MMWR* are provisional, based on weekly reports to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the following Friday. Address inquiries about the *MMWR* Series, including material to be considered for publication, to Editor, *MMWR* Series, Mailstop E-90, CDC, 1600 Clifton Rd., N.E., Atlanta, GA 30333; telephone 888-232-3228.

All material in the *MMWR* Series is in the public domain and may be used and reprinted without permission; citation as to source, however, is appreciated.

All *MMWR* references are available on the Internet at <http://www.cdc.gov/mmwr>. Use the search function to find specific articles.

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

References to non-CDC sites on the Internet are provided as a service to *MMWR* readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of these sites. URL addresses listed in *MMWR* were current as of the date of publication.

